



**IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE**

In the Matter of: )  
\_\_\_\_\_ ) CM# \_\_\_\_\_ - \_\_\_\_  
a \_\_\_\_\_ )

**PROMISSORY NOTE**

I, \_\_\_\_\_, guardian of the property of \_\_\_\_\_, a minor/disabled person, promise to repay to the above guardianship account the amount of \$\_\_\_\_\_ a month beginning \_\_\_\_\_, 20\_\_\_\_, until the \$\_\_\_\_\_ borrowed is repaid. Proof of deposits must be sent to the Register in Chancery office by the 15<sup>th</sup> of each month. Failure to show proof of deposits to the guardianship account will require a court appearance.

NO FUTURE PETITIONS TO EXPEND WILL BE CONSIDERED UNTIL THE GUARDIANSHIP ACCOUNT HAS BEEN REPAID IN FULL.

\_\_\_\_\_  
(Guardian's Signature)

\_\_\_\_\_  
(Guardian's Address-please print)

\_\_\_\_\_  
(Guardian's phone number)

Sworn to and subscribed before me, the Register in Chancery, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Register in Chancery/Notary