

IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

Register in Chancery
Kent County
38 The Green, Ste. 208
Dover, DE 19901
302-735-1930

Register in Chancery
New Castle County
500 N. King Street, Ste. 11600
Wilmington, DE 19801
302-255-0544

Register in Chancery
Sussex County
34 The Circle
Georgetown, DE 19947
302-856-5775

Procedures for filing a Petition to Terminate Guardianship of the Person Due to the Death of the Person with a Disability

- The petition to terminate requires the following:
 - A completed petition. The court clerk cannot complete the petition for you.
 - A copy of the death certificate for the person with a disability.
 - The filing fee for the petition is \$15.00. We accept cash, check or money order (made payable to “Register in Chancery”).
- The petitioner(s) is/are responsible for obtaining consents from the interested parties or sending notice of the petition to the interested parties by regular U.S. mail. Please see the instruction sheet within this packet for additional information.
- It is the guardian’s responsibility to provide the Court with photocopies of all supporting documentation. If the Register in Chancery’s office makes photocopies for you, we will charge a \$1.50 per page fee. When submitting your supporting documentation, it must be filed on regular 11 x 8.5 paper that can be easily scanned onto the computer.
- You may mail the completed petition to the Register in Chancery in the county where your guardianship case was established and the completed order will be mailed back to you.

IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

In the Matter of: _____ :
 :
 :
 _____, : C.M. #: _____
A person with a disability :
 :

Petition to Terminate Guardianship of the Person
Due to the Death of the Person with a Disability

1. Name of guardian(s): _____
2. Date guardian(s) was/were appointed _____
3. The person with a disability passed away on _____

| Guardian | Co-Guardian (if applicable) |
|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| I declare under penalty of perjury under the laws of Delaware that the foregoing is true and correct. | I declare under penalty of perjury under the laws of Delaware that the foregoing is true and correct. |
| Executed on the _____ day of _____ (month) _____ (year). | Executed on the _____ day of _____ (month) _____ (year). |
| _____ (Guardian's Printed Name) | _____ (Co-Guardian's Printed Name) |
| _____ (Guardian's Signature) | _____ (Co-Guardian's Signature) |
| _____ (Guardian's Address) | _____ (Co-Guardian's Address) |
| _____ (Guardian's Address) | _____ (Co-Guardian's Address) |
| _____ (Guardian's Phone Number) | _____ (Co-Guardian's Phone Number) |

INSTRUCTIONS FOR NOTIFYING INTERESTED PARTY(IES) OF PETITION TO TERMINATE

It is the petitioner's(s') responsibility to notify the interested party(ies) when a petition is filed with the Court.

If you do not know the address for an interested party, you must make every attempt to locate the address and file the enclosed affidavit of efforts to locate address of interested party with your petition (a separate affidavit is required for each individual).

Option 1 – Consent

Any interested party may sign a copy of the attached “Consent” form.

Option 2 – Send Notice

If any interested party does not sign the consent form, you must send them a copy of the attached “Notice of Petition”. You may send the notice by regular U.S. Mail.

Any interested party who has not signed a consent must receive notice of your petition at least thirteen (13) days before the Court will consider the petition. This ensures that all interested parties have adequate time to contact the Court with any questions they may have or file any objection to the petition.

To be filed with the Court

You must file the following documents with the Court before the petition will be reviewed by a Judicial Officer:

- a. Any and all consent forms,
- b. The attached “Certificate of Mailing” (if any notices were sent), and
- c. Any affidavit(s) of efforts to locate address of interested party.

IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

In the matter of: _____ :
: C.M. #: _____
A person with a disability :

CONSENT

I, _____, whose relationship to the person with a disability is that of _____ (e.g. mother, brother), hereby consent to the petition to terminate.

I declare under penalty of perjury under the laws of Delaware that the foregoing is true and correct.

Executed on the _____ day of _____ (month) _____ (year).

_____ (Printed Name)

_____ (Signature)

Address: _____

Phone Number: _____

If I/We subsequently locate the missing interested party, I/We will notify the Court of his/her address.

Petitioner

Co-Petitioner

STATE OF _____ :

COUNTY OF _____:

This instrument was acknowledged before me on this _____ day of _____, 20____ by _____ [Name of affiant].

Notary Public/Chancery Court Clerk

Pursuant to Court of Chancery Rule 178B, the use of an Unsworn Declaration (see below) is permitted rather than the notary requirement.

Petitioner

Co-Petitioner (if applicable)

| | |
|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| I declare under penalty of perjury under the laws of Delaware that the foregoing is true and correct. | I declare under penalty of perjury under the laws of Delaware that the foregoing is true and correct. |
| Executed on the _____ day of _____ (month) _____ (year). | Executed on the _____ day of _____ (month) _____ (year). |
| _____ (Petitioner's Printed Name) | _____ (Co-Petitioner's Printed Name) |
| _____ (Petitioner's Signature) | _____ (Co-Petitioner's Signature) |

IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

IN THE MATTER OF: _____ :
: C.M. # _____
A person with a disability :

CERTIFICATE OF MAILING

The guardian(s) mailed on this date, _____ a “Notice of
Petition” to the following interested parties:

| Name | Address |
|-------------|----------------|
| | |
| | |
| | |

Guardian

Co-Guardian (if applicable)

| | |
|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| I declare under penalty of perjury under the laws of Delaware that the foregoing is true and correct. | I declare under penalty of perjury under the laws of Delaware that the foregoing is true and correct. |
| Executed on the _____ day of _____ (month) _____ (year). | Executed on the _____ day of _____ (month) _____ (year). |
| _____ (Guardian’s Printed Name) | _____ (Co-Guardian’s Printed Name) |
| _____ (Guardian’s Signature) | _____ (Co-Guardian’s Signature) |