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

<u>Procedures for filing a Petition to Terminate Guardianship of the Person</u> <u>Due to the Death of the Person with a Disability</u>

- 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.

Form CM77 Rev. 01/2023

In the Matter of:	:
,	: : C.M. #:
A person with a disability	:
	uardianship of the Person Person with a Disability
1. Name of guardian(s):	
2. Date guardian(s) was/were appointed	
3. The person with a disability passed av	vay 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 (year).	Executed on the day of (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 <u>PETITION TO TERMINATE</u>

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 matter of:	:	
	: : C.M. #:	
A person with a disability,	:	
	<u>CONSENT</u>	
I,	, whose rela	tionship 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 un	nder the laws of Delaware the	at the foregoing is
true and correct.		
Executed on the day of	(month)	(year).
	(Printed Name)	
	(Signature)	
Address:		
Phone Number:		

AFFIDAVIT OF EFFORTS TO LOCATE ADDRESS OF INTERESTED PARTY

I/We,, petitioner(s) in the above
matter, hereby confirm that I/We have been unable, after exercising reasonable
diligence, to locate an address for interested party,
[Name of interested party or missing person], in order to provide that interested
party with notice of the filing of the petition.
My/Our last contact with [Name of
interested party or missing person] was on or around
[month/year] and to the best of my/our knowledge, the last contact he/she had with
the person with a disability was on or around[month/year].
My/Our efforts have included the following [please check all that apply]:
\Box performing an internet search for the address of the interested party;
\Box asking other interested parties if they know of the missing person's
current whereabouts;
\Box messaging the missing person through electronic means;

□ Other: _____

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

□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 St., Ste. 11600 Wilmington, DE 19801 302-255-0544 □Register in Chancery Sussex County 34 The Circle Georgetown, DE 19947 302-856-5775

IN THE MATTER OF:		:	
		:	С.М. #
	;		
A person with a disability		:	

NOTICE OF PETITION TO TERMINATE

Dear Interested Parties:

This is a notice that I am/we are filing a petition to terminate the guardianship due to the death of the person with a disability. Notice is being sent to you as an interested party.

If you object to the petition, you must immediately file a written objection with the Register in Chancery's Office that has been marked above. If you do not file a written objection within <u>thirteen (13) days</u> of the date of this notice, any objections will be deemed waived.

Petitioner's Signature

Co-Petitioner's Signature

Dated: _____

:

IN THE MATTER OF:

______, : C.M. #______

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