COUF	RT CODE:	
Your 1	Name:	
	SS:	
	State, Zip:	
Email	hone:Address:	
	Represented	
	DISTRIC:C	Γ COURT OUNTY, NEVADA
In the	Matter of the Guardianship of the:	
	Person	CASE NO.:
	Estate	DEPT:
of:	Person and Estate	
01.		
(name	of person who has a guardian)	
	A Protected Person.	
	PETITION TO TERMINATE	GUARDIANSHIP (ADULT)
	Petitioner(s), (first Petitioner's name)	and
(secon	nd Petitioner's name or "n/a" if only one I	Petitioner)
respec	etfully represent the following to this Honor	rable Court:
- I	J I	
1.	This Court appointed (guardian's name)_	and
	(co-guardian's name; or "N/A")	as Guardian(s)
		issued Letters of Guardianship, which are still
	in full effect.	1,
	in run circet.	
2.	Relationship to Protected Person . Peti	tioner(s) are the (\boxtimes <i>check one</i>) \square guardian(s)
	_	rotected person)
	of the protected person.	1
	r	

3.	Guar	dian(s). The names and addresses of the Guardian(s) are:
		Guardian's Name:
		Address:
		Co-Guardian's Name:
		Address:
4.	Petiti	oner(s). The names and addresses of the Petitioner(s) are:
		The same as the above (if the $guardian(s)$ are the $petitioner(s)$).
		Petitioner's Name:
		Address:
		Co-Petitioner's Name:
		Address:
5.	Prote	ected Person's Status. (\(\subseteq \text{check one} \)
		The protected person died on (date of death)
		The protected person is currently (age)years old. The protected person
		currently resides at:
		Protected Person's Address:

6.	Reaso	n for Termination. The guardianship is no longer needed because:				
	$(\boxtimes ch$	neck all that apply)				
		Death . The protected person died on (date of death)				
		Moved out of Nevada. The court granted permission to move the protected				
		person to the State of Guardianship and/or				
		conservatorship has been obtained in that state (attach proof of the other state's case).				
		☐ Capacity regained. The protected person has regained capacity to manage				
		his/her own affairs (attach documentation to support this if available).				
		Other. (explain the reasons the guardianship is no longer needed)				
7.	Attori	Attorney. (\boxtimes check one)				
		The protected person has an attorney: (print the name of the attorney)				
		The protected person does not have an attorney at this time.				
8.	Best I	nterests of the Protected Person.				
	If the	If the court finds that the petitioner(s) did not file a petition for termination in good faith				
		or to further the best interest of the protected person, the court may disallow the				
	petitio	petitioner(s) from petitioning the court for attorney's fees from the estate of the protected				

incurred by the estate of the protected person.

person, and impose sanctions on the petitioner(s) in the amount sufficient to reimburse

the estate of the protected person for all or part of the expenses and for any other losses

9.	Final .	Accounting. (\boxtimes check o	ne)			
	□ No Estate is Involved . This is a guardianship over the person only, therefore					
	accounting is required (skip section 10 and sign and date the bottom).					
	☐ An Estate is Involved. (check one)☐ The Final Accounting Should Be Waived.					
		☐ The Guardian(s) Should File a Final Acco	ounting.		
		☐ The Guardian(s) Provide The Following I	Final Accounting. A Final		
		Accounting is a	ttached as an Exhibit to this	Petition.		
10.	Distri	bution of Assets. The pr	otected person's assets are to	be distributed as follows:		
Descrip		•	Distribution to	Value		
•				<u> </u>		
11.	Bond/	Blocked Account. (🗵 ci	heck one)			
	☐ There are no blocked accounts or bonds.					
		Any blocked accounts s	should be unblocked.			
		Any bonds should be ex	conerated.			
	Based	on the above, Petitioner	(s) request that the Court term	minate the guardianship.		
Date:			Date:			
(Fir.	st Petit	tioner's signature)	(Second Petitione	er's signature)		
(Fin	rst Peti	tioner's printed name)	(Second Petitione	er's printed name)		

VERIFICATION

I, (name of first Petitioner), under			
penalty of perjury, state that I am the Petitioner in the within action; that I have read the			
foregoing Petition to Terminate Guardianship and know the contents thereof; that the same is			
true of my knowledge except as to those matters therein stated upon information and belief and			
as to those matters, I believe them to be true.			
I declare under penalty of perjury under the law of the State of Nevada that the			
foregoing is true and correct.			
PETITIONER'S SIGNATURE			
VERIFICATION			
I, (name of Co-Petitioner; if none, write "N/A"),			
under penalty of perjury, state that I am the Co-Petitioner in the within action; that I have read			
the foregoing Petition to Terminate Guardianship and know the contents thereof; that the same			
is true of my knowledge except as to those matters therein stated upon information and belief			
and as to those matters, I believe them to be true.			
I declare under penalty of perjury under the law of the State of Nevada that the			
foregoing is true and correct.			

(File any required exhibits, such as the Final Accounting (if you are the guardian over the estate), physician's proof, or other court orders showing the guardianship has been filed in another state)

CO-PETITIONER'S SIGNATURE