COURT CODE: _____
Your Name: _____
Address: _____
City, State, Zip: _____
Telephone: _____
Email Address: _____
Self-Represented

DISTRICT COURT
_____ COUNTY, NEVADA

In the Matter of the Guardianship of the: ☐ Person ☐ Estate ☐ Person and Estate of: _____ (*name of person who has a guardian*) A Protected Person.	CASE NO.: _____ DEPT: _____

PETITION TO TERMINATE GUARDIANSHIP (ADULT)

Petitioner(s), (*first Petitioner's name*) _____ and (*second Petitioner's name or "n/a" if only one Petitioner*) _____, respectfully represent the following to this Honorable Court:

1. This Court appointed (*guardian's name*) _____ and (*co-guardian's name; or "N/A")* _____ as Guardian(s) of the above named protected person and issued Letters of Guardianship, which are still in full effect.

2. **Relationship to Protected Person**. Petitioner(s) are the (☒ ***check one***) ☐ guardian(s) / ☐ other (*state your relationship to the protected person*) _____ of the protected person.

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3. **Guardian(s).** The names and addresses of the Guardian(s) are:

Guardian's Name: _____

Address: _____

_____

Co-Guardian's Name: _____

Address: _____

_____

4. **Petitioner(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. **Protected Person's Status. (☒ *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:

_____

_____

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6. **Reason for Termination**. The guardianship is no longer needed because:

(☒ *check 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*).
- ☐ **Alternatives to guardianship.** The protected person has entered a less restrictive alternative to guardianship (*list the applicable alternatives and attach documentation if available*).

  _____

  _____

- ☐ **Other**. (*explain the reasons the guardianship is no longer needed*)

  _____

  _____

  _____

  _____

  _____

7. **Attorney**. **(☒ *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 Interests of the Protected Person**.

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 petitioner(s) from petitioning the court for attorney's fees from the estate of the protected 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 incurred by the estate of the protected person.

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9. **Final Accounting. (☒ *check one*)**

- ☐ **No Estate is Involved**. This is a guardianship over the person only, therefore, no 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 Accounting**.
  - ☐ **The Guardian(s) Provide The Following Final Accounting.** A Final Accounting is attached as an Exhibit to this Petition.

10. **Distribution of Assets.** The protected person's assets are to be distributed as follows:

Description	Distribution to	Value
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____

11. **Bond/Blocked Account. (☒ *check one*)**

- ☐ There are no blocked accounts or bonds.
- ☐ Any blocked accounts should be unblocked.
- ☐ Any bonds should be exonerated.

Based on the above, Petitioner(s) request that the Court terminate the guardianship.

This document does not contain the personal information of any person as defined by NRS 603A.040.

Date: _____ Date: _____

▸ _____ ▸ _____
(*First Petitioner's signature*) (*Second Petitioner's signature*)

_____ _____
(*First Petitioner's printed name*) (*Second Petitioner's printed name*)

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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.

_____
CO-PETITIONER'S SIGNATURE

(*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*)

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