	on Filing:					
Address (if not protected): City, State, Zip Code:						
Telep	phone:					
Emai	Email Address: For Clerk's use					
	er's Bar Number: nsed Fiduciary Number:					
	esenting Self, without a Lawyer or Attorney					
		IRT OF ARIZONA PA COUNTY				
	e Matter of the (check one or both)	Case Number: PB				
Ш 6	Guardianship	PETITION FOR TERMINATION OF				
		GUARDIAN/CONSERVATORSHIP				
		and/or DISCHARGE of GUARDIAN/				
the V	Vard (an Incapacitated or Protected Adult)	CONSERVATOR of an ADULT				
1.	INFORMATION ABOUT THE CURRENT G (Name) appointment as: (check one box):	UARDIAN and/or CONSERVATOR:was appointed and accepted				
	Guardian and Conservator on:	(date) (Month, Day, Year)				
		(date) (Month, Day, Year)				
		(date) (Month, Day, Year)				
		(date) (mentil, 2dy, 18dl)				
2.	INFORMATION ABOUT THE WARD, the incapacitated or protected adult: Name: Date of Birth/					
3.	FOR PETITIONS TO TERMINATE THE GUARDIANSHIP and/or CONSERVATORSHIP: The need for the Guardian and/or Conservator has ended because:					
	☐ The Ward died on this date:	(Attach death certificate or obituary).				
	☐ The Ward moved out of state on (date)	to (where)				

	Ca	ne need for the Guardian and/or Conservator has ended because the Ward is now apable of conducting his or her own affairs. (Attach current Physician's report or form BGCA15f to support assertion that ward's capacity is restored.)			
4.	FOR	FOR PETITIONS TO DISCHARGE THE GUARDIAN and/or CONSERVATOR:			
		Guardianship and/or Conservatorship has already been terminated or should be, as requested above.			
		A successor (replacement) Guardian and/or Conservator has already been appointed, or has applied for appointment and the appointment is pending, or should be appointed to serve by the Court. The name of the person appointed, or who seeks appointment as successor guardian and/or conservator, or who is being nominated to serve as successor guardian and/or conservator is:			
		E: If a successor (replacement) Guardian and/or Conservator is appointed, or will oppointed, then the <i>case</i> will continue to be open until terminated by the court.			
		The current Guardian and/or Conservator is no longer able to serve, does not want to serve, or should not be allowed to continue to serve as Guardian and/or Conservator and a successor Guardian and/or Conservator should be appointed by the Court. (Explain here or attach explanation).			
N	lumbers	5, 6, 7, and 8, apply to Conservatorships only. If no Conservatorship, skip to #9.			
5.		TRICTED ASSETS: INFORMATION ABOUT THE CURRENT RESTRICTED ACCOUNT			
	1.	Amount now in restricted account: \$			
	2. 3.	Financial Account Number: (last 4 nos.) Name and address of financial institution:			
		Information about additional restricted accounts is listed on attached page.			

Case Number: PB_____

1.	Estimated market value of real property:	\$	
2.	(-)		
3.			
	Information about additional restricted rea	al property is listed on attached page.	
or 🗌	TEMENT ABOUT RESTRICTED FUNDS: I HAVE MADE previous withdrawals from the previous of this Court, as follows (Expended).	is or any other restricted account without	
□ 1a	UEST ABOUT RESTRICTED FUNDS: (che	·	
di	ed. The name of the Personal Representati , and the adm		
	-	inistration of the decedent's estate is	
pe ————————————————————————————————————	, and the adm ending in Case No.:, in	inistration of the decedent's estate is the State of, in the Ward because he or she is now	
Other	ending in Case No.:, and the admending in Case No.:, inCounty. ask that the restricted funds be released to apable of controlling the funds currently hel	inistration of the decedent's estate is the State of, in the State of	
Other		inistration of the decedent's estate is the State of, in the State of, in the Ward because he or she is now d for his or her benefit. Intership, and the Final Accounting for this ination or has been filed separately. al Accounting.	
Other		inistration of the decedent's estate is the State of, in, in the State of, in the State of, in the State of, in, in the State of, in, in the State of, in, in	

Case Number: PB_____

C. Re	elating to Conserva	torships only:				
] 1. Directing the re	elease of funds to the former ward as requested in the Petition;				
	 2. Requiring proof that the funds have been released to the former ward or his or her estate within 30 days after entry of an order; 3. Approving the Final Accounting 					
	4. Releasing restricted real property at:					
Address:						
Tax Asse	essor's Parcel ID#					
Address:						
Tax Asse	essor's Parcel ID#					
D.	O. Other (Explain):					
5 0	CAPICITY:					
_						
UNDER OA	TH OR AFFIRM	ATION				
	m under penalty of my knowledge and b	perjury that the contents of this document are true and correct				
	ny knowieuge una k	, ciicii				
Date		Signature				
STATE OF						
<u> </u>						
COUNTY OF		<u></u>				
Subscribed and s	sworn to or affirmed bef	fore me this:				
		(date)				
by						
υу						
(notary seal)		Deputy Clerk or Notary Public				

Case Number: PB_