

Your Name: \_\_\_\_\_  
Your Address: \_\_\_\_\_  
Your City, State, ZIP: \_\_\_\_\_  
Your Telephone No: \_\_\_\_\_  
Representing  Self, Without an Attorney OR  
 Attorney for \_\_\_\_\_

FOR CLERK'S USE ONLY

**IN THE SUPERIOR COURT OF ARIZONA  
YAVAPAI COUNTY**

In the Matter of (check one or both)  
The Guardianship  Conservatorship  of  
\_\_\_\_\_  
(Incapacitated and/or Protected person)

No: 1300GC \_\_\_\_\_

**PETITION FOR**  
 Discharge and termination  
 Termination Only  
 Discharge Only  
**OF A GUARDIANSHIP AND/OR  
CONSERVATORSHIP OF AN ADULT**

1. **APPOINTMENT:** The following person was appointed \_\_\_\_\_ and  
accepted appointment as (check one box):

Guardian and conservator on (date) \_\_\_\_\_

Guardian (date) \_\_\_\_\_

Conservator (date) \_\_\_\_\_.

Guardian/Conservator's address: \_\_\_\_\_

2. Information about the Ward, incapacitated or protected adult:

Name \_\_\_\_\_ Date of birth: \_\_\_\_\_

3. **FOR TERMINATION PETITIONS:** The reason I am asking for termination of the guardianship and/or  
conservatorship is (check one box):

Death of the Ward on (date) \_\_\_\_\_ (attach death certificate);

Ward moved out of state on \_\_\_\_\_ (DATE) to \_\_\_\_\_ (LOCATION);

Other (explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. **FOR DISCHARGE PETITIONS:** The reason for the discharge is (check one box):

I am the guardian and/or conservator, and I want to resign because (explain):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NO: 1300GC

I am not the guardian and/or the conservator, but I think the person who is should be discharged from the Case because (explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other (explain): \_\_\_\_\_  
\_\_\_\_\_

**Numbers 5, 6, 7 and 8 apply to Conservatorships only. If no Conservatorship, skip to #9.**

**5. RESTRICTED ASSETS: INFORMATION ABOUT THE CURRENT RESTRICTED ACCOUNT.**

**A. RESTRICTED FINANCIAL ASSETS:**

- 1. Amount now in restricted account: \$ \_\_\_\_\_
- 2. Financial Account Number: (last 4 nos.) \_\_\_\_\_
- 3. Name and address of financial institution: \_\_\_\_\_  
\_\_\_\_\_

Information about additional restricted accounts is listed on attached page.

**B. RESTRICTED REAL PROPERTY:**

- 1. Estimated market value of real property: \$ \_\_\_\_\_
- 2. Estimated lien(s) owed on real property: \_\_\_\_\_
- 3. Address for real property: \_\_\_\_\_  
\_\_\_\_\_

Information about additional restricted real property is listed on attached page.

**6. STATEMENT ABOUT RESTRICTED FUNDS** (check one box):  I HAVE NOT MADE *or*  
 I HAVE MADE previous withdrawals from this or any other restricted account without a written of order of this Court, as follows (Explain in detail about amount, date, reason). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. REQUEST ABOUT RESTRICTED FUNDS** (check one box):

- I ask that the restricted funds be released to the Ward's estate because the Ward has died. The name of the Personal Representative (executor) of the estate is: \_\_\_\_\_, and the administration of the decedent's estate is pending in Case No. \_\_\_\_\_, in the state of \_\_\_\_\_, in \_\_\_\_\_ County.
- I ask that the restricted funds be released to the Ward because he or she is now capable of controlling the funds currently held for his or her benefit.
- Other (Explain): \_\_\_\_\_  
\_\_\_\_\_

- 8.  There are no restricted assets in the Conservatorship, and the Final Accounting for this Conservatorship is filed with this Petition for Termination or has been filed separately. The Court is asked to review and approve the Final Accounting.
- 9. THEREFORE, I ask the Court to schedule a hearing and to enter an order:  
(Read carefully and check the boxes to indicate exactly what you want the Court to order.)
  - A.  Discharging the person currently serving as:
    - guardian and conservator  guardian (only)  conservator (only)
  - B.  Terminating and closing the case because the protected person no longer needs a guardian or a conservator.
  - C. Relating to Conservatorships only:
    - 1. Directing the release 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 Assessor's Parcel ID #

Address:

Tax Assessor's Parcel ID #

D.  **Other** (Explain): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## OATH OR AFFIRMATION AND VERIFICATION

I swear or affirm that the information on this document is true and correct under penalty of perjury.

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

Sworn to or Affirmed before me this: \_\_\_\_\_ by \_\_\_\_\_  
(date)

My Commission Expires: \_\_\_\_\_  
Deputy Clerk or Notary Public