

## IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

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

### **Procedures for filing a Petition to Terminate Guardianship of the Person and Property Due to the Death of the Person with a Disability**

- The petition to terminate requires the following:
  - A completed petition. The court clerk cannot complete the petition for you. The guardian's(s') signature(s) will need to be notarized. If you appear in the Register's Office with identification and the correct paperwork, your signature(s) can be notarized by a court clerk in the Register's Office.
  - A copy of the guardianship bank statement(s) dated within the thirty days prior to filing the petition.
  - A copy of the death certificate for the person with a disability.
  - A final accounting if the guardian(s) was/were required to file accountings.
  - A small estate affidavit or short certificate from the Register of Wills.
    - Kent County: 302-744-2330
    - New Castle County: 302-395-7800
    - Sussex County: 302-855-7875
  - The filing fee for the petition is \$15.00. We accept cash, check or money order (made payable to "Register in Chancery").
- 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.

**IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE**

In the Matter of: \_\_\_\_\_ :  
 :  
 : C.M. #: \_\_\_\_\_  
A person with a disability \_\_\_\_\_ :

**Petition to Terminate Guardianship of the Person and Property**  
**Due to the Death of the Person with a Disability**

1. Name of guardian(s): \_\_\_\_\_
2. Date guardian(s) was/were appointed: \_\_\_\_\_
3. The person with a disability passed away on \_\_\_\_\_
4. Accounting
  - a. A final accounting was filed with the Court on \_\_\_\_\_  
and approved on \_\_\_\_\_ **OR**
  - b. The guardian(s) was/were relieved of the requirement of filing annual accountings by court order dated \_\_\_\_\_.
5. The guardian(s) hold(s) the following property for the decedent [list all property including the name(s) of the bank(s), the account number(s) and the balance in the account(s)]: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

6. \_\_\_\_\_ has been appointed Executor,  
Administrator or Personal Representative for the estate of the person with a  
disability as indicated by a Small Estate Affidavit or Short Certificate.

\_\_\_\_\_  
Guardian's signature

\_\_\_\_\_  
Co-Guardian's signature

\_\_\_\_\_  
Complete address

\_\_\_\_\_  
Complete address

\_\_\_\_\_  
Complete address

\_\_\_\_\_  
Complete address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Phone Number

STATE OF \_\_\_\_\_ :

COUNTY OF \_\_\_\_\_:

This instrument was acknowledged before me on this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_[Name of affiant].

\_\_\_\_\_  
Notary Public/Chancery Court Clerk

**IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE**

In the Matter of: \_\_\_\_\_,  
A person with a disability : CM # \_\_\_\_\_  
: \_\_\_\_\_  
:

**ORDER TO TERMINATE GUARDIANSHIP DUE TO THE  
DEATH OF THE PERSON WITH A DISABILITY**

WHEREAS, the petition to terminate the guardianship due to the death of the person with a disability having been presented and duly considered by this Court;

WHEREAS, the guardian(s) is/are relieved of the requirement of filing a final accounting;

IT IS HEREBY ORDERED, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
as follows:

1. The guardianship is terminated due to the death of the person with a disability.
2. The guardian(s), \_\_\_\_\_,  
is/are now relieved of all obligations regarding the person with a disability, the bond(s) is/are cancelled and the guardianship is terminated.

\_\_\_\_\_  
Chancellor/Vice Chancellor/Master

**IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE**

In the Matter of: \_\_\_\_\_ :  
 :  
 : CM # \_\_\_\_\_  
A person with a disability :  
 :

**ORDER TO TERMINATE GUARDIANSHIP DUE TO THE DEATH OF THE PERSON WITH A DISABILITY**

WHEREAS, the petition to terminate the guardianship due to the death of the person with a disability having been presented and duly considered by this Court;

WHEREAS, the final accounting having been approved;

IT IS HEREBY ORDERED, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, as follows:

1. The guardian(s), \_\_\_\_\_, is/are hereby authorized and directed to transfer all guardianship assets to \_\_\_\_\_'s estate.

2. Upon receipt of such property, the guardian(s) shall be discharged from all further responsibility as to such property, the bond(s) is/are cancelled and the guardianship shall be terminated.

\_\_\_\_\_  
Chancellor/Vice Chancellor/Master