

## 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, 7th Floor Wilmington, DE 19801 302-255-0544	Register in Chancery Sussex County 34 The Circle Georgetown, DE 19947 302-856-5777
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### **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.
  - A copy of the guardianship bank statement(s) dated within the thirty (30) days prior to filing the petition.
  - A copy of the death certificate for the person with a disability.
  - A final accounting if the guardian was required to file accountings.
  - A small estate affidavit or short certificate from the Register of Wills if there are remaining assets.
    - 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 petitioner’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 \$1.50 per page. When submitting your petition, it must be on regular 8.5 x 11 paper that can be easily scanned onto the computer and it must be one-sided.
- The petitioner is responsible for obtaining consents from the interested parties or sending notice of the petition to the interested parties by regular U.S. mail. Please see the instruction sheet within this packet for additional information.
- 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 \_\_\_\_\_

**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.

Signature section for guardian	Signature section for any co-guardian
I declare under penalty of perjury under the laws of Delaware that the foregoing is true and correct.	I declare under penalty of perjury under the laws of Delaware that the foregoing is true and correct.
Date: _____	Date: _____
Print name: _____	Print name: _____
Signature: _____	Signature: _____
Address: _____ _____	Address: _____ _____
Phone Number: _____	Phone Number: _____

## **Instructions for Notifying Interested Parties of Petition**

It is the petitioner's responsibility to notify the interested parties when a petition is filed with the Court.

### **How to Notify the Interested Parties**

#### **Option 1 – Consent**

Any interested party may sign a copy of the attached "Consent" form.

#### **Option 2 – Send Notice**

If any interested party does not sign the consent form, you must send them a copy of the attached "Notice of Petition". You may send the notice by regular U.S. Mail.

Any interested party who has not signed a consent must receive notice of your petition at least thirteen (13) days before the court will consider the petition. This ensures that all interested parties have adequate time to contact the court with any questions they may have or file any objection to the petition.

### **Unknown Address of an Interested Party**

If you do not know the address of an interested party, you must make reasonable efforts to locate it. If you are unable to locate the address, file an Affidavit of Efforts to Locate Address of Interested Party (Form CM6) with the court.

- File a separate affidavit for each interested party whose address is unknown.
- If a Form CM 6 has already been filed for an interested party, you do not need to file another one.
- If you later learn the interested party's address, promptly notify the court.

Form CM6 is available from the Register's Office or on the court's website.

### **Documents to File with the Court**

You must file the following documents with the court before the petition will be reviewed by a Judicial Officer:

- a. Any consent forms,
- b. The attached "Certificate of Mailing" (if any notices were sent), and
- c. Any affidavit(s) of efforts to locate address of interested party.

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

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

**Consent of Interested Party to Petition to Terminate Guardianship Due to the Death of the Person with a Disability**

I, \_\_\_\_\_ [Name of interested party], whose relationship to the person with a disability is that of \_\_\_\_\_ (e.g. mother, brother), consent to the petition to terminate guardianship due to the death of the person with a disability.

I declare under penalty of perjury under the laws of Delaware that the foregoing is true and correct.

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

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

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302-255-0544

Register in Chancery  
Sussex County  
34 The Circle  
Georgetown, DE 19947  
302-856-5777

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

**Notice of Petition to Terminate Guardianship**

Dear Interested Parties:

This is a notice that I am/we are filing a petition to terminate the guardianship due to the death of the person with a disability. Notice is being sent to you as an interested party.

If you object to the petition, you must immediately file a written objection with the Register in Chancery’s Office that has been marked above. If you do not file a written objection within **thirteen (13) days** of the date of this notice, any objections will be deemed waived.

Petitioner’s signature: \_\_\_\_\_

Co-Petitioner’s signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

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

**Certificate of Mailing to Petition to Terminate Guardianship Due to the Death of the Person with a Disability**

The guardian(s) mailed the “Notice of Petition to Terminate Guardianship” on \_\_\_\_\_ [date] to the following interested parties:

Name of Interested Parties	Address of Interested Parties

Signature section for guardian	Signature section for any co-guardian
I declare under penalty of perjury under the laws of Delaware that the foregoing is true and correct.	I declare under penalty of perjury under the laws of Delaware that the foregoing is true and correct.
Date: _____	Date: _____
Print name: _____	Print name: _____
Signature: _____	Signature: _____