

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Comp.# (if applicable): _____

ARIZONA SUPERIOR COURT, PIMA COUNTY

In the Matter of the Guardianship of:

Case Number: _____

Date of birth:

**NOTICE OF DEATH OF THE WARD AND
REQUEST TO TERMINATE THE
GUARDIANSHIP WITHOUT NOTICE**

An Incapacitated Person, now
deceased.

Petitioner states:

1. I was appointed guardian for the ward on _____, _____.
2. The ward died on _____, 20____. The death certificate is attached.
3. I know the termination of the guardianship does not eliminate my liability, if any, for prior acts as the guardian nor eliminate my obligations, if any, to account for funds and assets of the ward.

I do / do not (please circle one) have control of any funds or assets of the ward.

4. No notice of this request is required.
5. A form of order is attached to this request.

**Notice Of Death Of The Ward And Request To Terminate
The Guardianship Without Notice - Case Number: _____**

I request under ARS 14-5306 that the court issue an order to terminate my authority and responsibility as the guardian and close the file.

DATED _____

Signature of Petitioner

Address: _____

