

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF

RECEIPT OF WARD AND DISCHARGE

FILE NO.

In the matter of _____, a protected individual

1. I am an adult. I have received from _____,
Name
my guardian or conservator, the following personal property: _____

It is the balance of the estate due me in full.

2. **I REQUEST** that my guardianship or conservatorship be terminated.

Date

Signature

Name (type or print)

Address

City, state, zip Telephone no.

ORDER

IT IS ORDERED the guardianship and/or conservatorship is terminated, the guardian and/or conservator is discharged, and the bond, if any, is cancelled.

Date

Judge Bar no.

Attorney name (type or print) Bar no.

Address

City, state, zip Telephone no.

USE NOTE: If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

Do not write below this line - For court use only