

Instructions for Petition for Termination of Guardianship and Discharge of Guardian Due to the Death of the Ward

Important! Read Before Using These Forms And Instructions

ND Legal Self Help Center staff and court employees **can't** help you fill out forms. If you're unsure if these forms and instructions suit your circumstances, consult a lawyer.

ND Legal Self Hel Center forms **aren't** official court forms. Judges and courts **aren't** required to accept Center forms. There's no guarantee Center forms will be accepted. Use at your own risk!

If you need legal advice or legal representation, consult a lawyer licensed to practice in North Dakota. Go to ndcourts.gov/legal-self-help/finding-a-lawyer for more information about finding a lawyer to represent you.

When you represent yourself, you're expected to know and follow the law, including:

- State or federal laws that apply to your case;
- Case law, also called court opinions, that applies to your case; and
- Court rules that apply to your case, which may include:
 - North Dakota Rules of Civil Procedure;
 - North Dakota Rules of Court;
 - North Dakota Rules of Evidence;
 - North Dakota Administrative Rules and Orders; and
 - Any local court rules.

Links to the state laws, case law, and court rules can be found at ndcourts.gov.

A glossary with definitions of legal terms is available at ndcourts.gov/legal-self-help.

These instructions and forms **aren't** a complete statement of the law. They cover the basic procedure for asking a North Dakota state district court to end the guardianship and discharge the guardian because the Ward died. There's no guarantee that all judges and courts will accept forms available through the ND Legal Self Help Center. The Center isn't responsible for any consequences that may result from the forms or information provided.

Use at your own risk.

Don't include these instructions when you serve or file the completed forms.

Purpose

These forms may be used by a Guardian to ask the North Dakota State District Court to end the guardianship and discharge the Guardian due to the death of the Ward.

[North Dakota Century Code Section 30.1-28-06](#) relates to terminating a guardianship for an adult when the ward dies.

Forms

The forms in the Petition for Termination of Guardianship and Discharge of Guardian Due to the Death of the Ward include:

- Notice of Petition;
- Petition for Termination of Guardianship and Discharge of Guardian/Co-Guardians – Death of Ward;
- Final Report & Accounting;
- Confidential Information Form;
- (Proposed) Order Confirming Termination of Guardianship and Discharging of Guardian/Co-Guardians – Death of Ward;
- Declaration of Serve by Mail; and
- Declaration of Service by Hand Delivery.

The Current Guardian/Co-Guardian Complete the Forms

The current Guardian/Co-Guardians complete and sign the Petition for Termination of Guardianship and Discharge of Guardian Due to the Death of the Ward forms.

If you're unsure how to proceed or unsure if these forms are suitable for your situation, [consult a lawyer](#) who can agree to represent you.

Mail or Hand-Deliver Copies of the Completed Forms

The Ward's living spouse (if any), the Ward's living parents (if any), and all interested persons designated in the Order appointing you as Guardian **must** receive a **copy of each** of the completed Petition for Termination of Guardianship and Discharge of Guardian Due to the Death of the Ward forms.

Copies may be mailed by first class, postage prepaid, **or** hand-delivered.

The North Dakota State District Court requires proof that each person received a copy of the completed forms. A Declaration of Service is your proof.

Step One: Complete The Forms

Notice of Petition

- **Top of Form (Caption)**
 - Enter the county and judicial district court of the guardianship case (*you can get this information from your Letters of Guardianship.*)
 - Fill in legal name of the Ward.
 - Fill in the case number from your Letters of Guardianship.
- **Date and Signature**
 - Print the date you sign the form.
 - Sign the document.
 - Print your name, address, telephone number, and email address.
 - If there is a Co-Guardian, the Co-Guardian should also date and sign the form and fill in their information.
 - If there is no Co-Guardian, write “none”.

Petition for Termination of Guardianship and Discharge of Guardian/Co-Guardians – Death of Ward

- **Top of Form (Caption)**
 - Fill out **exactly** as you filled out the Caption of the Notice of Petition.
- **Top Section**
 - Fill out the information regarding the Guardian/Co-Guardian
- **Paragraphs 1-7:**
 - Read the paragraphs carefully. Fill in any required information.

- **Date and Sign this Form**

- Indicate the county, state, and country where you sign the form.
- Print the date you sign the form.
- Sign the document.
- Print your name, address, telephone number, and email address.
- If there is a Co-Guardian, the Co-Guardian should also date and sign the form and fill in their information.

Final Report and Accounting

Don't leave any of the form blank. If a section of the form doesn't apply to you or the protected person, type or write "0.00" for the dollar amount, or "N/A" for not applicable.

- **Top of Form (Caption)**

- Fill out **exactly** as you filled out the Caption of the Notice of Petition.

- **Top Section**

- Fill out the information regarding the Ward, Guardian and Co-Guardian (if any).

- **Final Accounting**

This section provides information about the income and expenses of the estate since the last annual report was submitted to the court. The beginning date is the day after your last annual accounting report.

If no reports have been submitted, the start date is the date of your appointment as guardian or conservator. The end date is the last date that you managed any of the Ward's property, or turned information over to a successor, heirs, etc. If you still have control over some assets, use today's date.

Include all of the deposits the Ward received in their spending accounts since the last annual report, and all of the payments made. If the Ward's ending checking account balance is zero because of a transfer of funds, include that information in the comments on **Line #23**.

The following explanations are provided for specific questions listed on the form:

- **Line #1 beginning balance:** if this is the first report for the protected person, the beginning balance is the total of the “Cash, checking accounts” section of the Beginning Inventory report. These are the accounts that you or other authorized people use to pay expenses. If this isn’t the first report for the Ward, the beginning account balance is the ending balance from the last annual report. Also enter the beginning balance on **Line #6**.
- **Line #2 income and deposits:** includes all income as well as transfers into the checking account(s) from other accounts such as savings or trusts. Total all of the income and deposits on **Line #3** at the bottom of this section, and also enter the total on **Line #7**.
- **Line #4 expenses and withdrawals:** list all of the payments made and any transfers out to other accounts. The “Personal needs” category includes clothing, hygiene and beauty products, first aid, personal shopping and similar products and services. Describe any large or unusual expenses in the comments on **Line #23**. Total all of the expenditures on **Line #5** at the bottom of this section, and also enter the total on **Line #8**.
- **Line #9 ending balance:** the sum of the beginning balance plus the total of all deposits, then subtract all the expenditures. This balance should match the Ward’s total checking and spending account balances on the date of this accounting report.
- **Line #10:** list any assets that you’ve sold or otherwise disposed of since your last financial report to the court. Include any assets you may have already transferred to another party. Attach additional pages if necessary.

• **Ending Inventory (*see example on Pages 7 & 8)**

If all assets haven’t yet been transferred, the Ending Inventory section needs to be completed to report all of the Ward’s assets and remaining debt. Attach additional sheets if more space is required. New assets acquired should be explained in the comments (#23).

The following explanations are provided for specific questions listed on the form:

- **#13:** separate high value personal property by category, for example provide a lump sum for jewelry or for farm equipment. All personal property of nominal value such as household goods can be estimated in one lump sum.
- **#15:** if you have an asset that doesn’t fit in any of the categories, you can list it in the “Other assets” section.

- **#16:** total all of the assets and enter the total here. Also enter the total on line #20.
- **#19:** total all of the debt and enter the total here. Also enter the total debt on line #21.
- **#22:** add the total of all of the assets and subtract the total debt and enter the total estate value on this line.

- **Section 23: Comments**

Use this section for all comments concerning the Ward's estate.

Include comments such as how the assets will be disposed of, or who they are being held for.

Include information on how market value was determined, who received assets that were sold, and where the cash was deposited.

Provide details for leases and debt repayment plans.

Describe the co-owners of any property.

Always describe extraordinary events and pending lawsuits or insurance settlements.

Attach additional pages if necessary to explain transactions, balances, or other information.

- **Section 24: Disposition of Estate**

This section contains three options concerning the disposition of the estate. Choose the option that best describes the situation. You should add comments that will completely describe how you'll be disposing of the assets.

- **Section 25: Disposition of Estate**

In this section, you're certifying that you will serve (by mail or personal delivery) a true and correct copy of this report.

List the people to whom you're required to serve a copy of this final report and accounting. You must serve copies on the same people you served copies of your annual report.

- **Section 26: Disposition of Estate**

- a. In this section, you're certifying that the information contained in the report is true, complete and correct.
- b. You're certifying that you've recorded all of the Ward's assets and debt, and submitted copies of the report to the Court and interested persons.
- c. Each Guardian and Conservator that helped to complete this report must sign at the bottom.

Ending Inventory Examples:

- **Assets**

Include all assets that the protected person owns or has an interest in such as joint ownership and rights to future income.

- a. Cash, checking accounts: include accounts that you or another authorized person had available to pay the protected person's expenses. Examples:

Checking account	\$ 635	First National Bank
Rep payee acct	\$ 212	Joe Smith, HIT Inc

- b. Savings accounts, other bank accounts, and investments: include savings, CDs, money market accounts, stocks and bonds, pensions, trusts etc. Examples:

Special Needs Trust	\$9,500	Guardian and Protective Services
Burial Savings Acct	\$1,323	First National Bank

- c. Real estate and physical assets: include homes, land, equipment, vehicles, mineral rights, buildings, etc. Examples:

Family home	\$138,000	123 Main Street, Linton
Farmland	\$285,000	300 acres NE of Linton
Mineral rights	unknown	shared owner with siblings

- d. Personal property: combine all general personal property such as clothing, appliances, furniture, etc. and estimate a total for this group of assets. Items of high value such as jewelry, art, or antiques should be listed separately.

- e. Other assets: use this section to list anything that doesn't belong in the other groups; items like insurance policies, business ownership, time shares, etc.

- **Debt**

Include all of the debt for which the protected person is responsible:

- a. Mortgages, loans, and liens: list each loan separately. Include the institution that holds the loan, and the property that is mortgaged. Examples:

Home equity loan	\$25,364	First National Bank
Tractor loan	\$32,555	Farm Credit Bureau

- b. Other creditors, debt, and unpaid bills: include all other debt, even if payments aren't currently being made on accounts. Include unpaid monthly bills. Some examples may include:

Healthcare costs	\$3,246	Jamestown Altru Hospital
Credit card	\$1,211	First National Bank Visa
Ambulance service	\$ 842	FM Ambulance

Confidential Information Form

Confidentiality of the Protected Person

[Rule 3.4 of the North Dakota Rules of Court](#) requires that reports not contain the following identification information:

- Social security numbers;
- Taxpayer identification numbers;
- Birthdates;
- Financial account numbers; or
- The name of an individual known to be a minor.

The following examples are acceptable substitutions:

- The last four digits of a social security;
- The last four digits of a financial account number;
- The year of an individual's birth; and
- A minor's initials.

You must fill out and sign the Confidential Information Form.

- Complete the top of the form exactly as you completed the top of the Final Report and Accounting Form.
- Completely fill out the Ward's and Guardian(s)/Conservator(s) information.
 - If a Co-Guardian or a Conservator was appointed for the Ward, fill out their information.
- For each financial account you included in the Final Report and Accounting Form, make sure only the last 4 digits of the account appear on the Report. Then, provide the full financial account information on the Confidential Information Form.

(Proposed) Order Confirming Termination of Guardianship and Discharging of Guardian/Co-Guardians – Death of Ward

This is your proposed Order for the court to sign.

- **Top of Form (Caption)**
 - Enter the county and judicial district court names of the guardianship case.
 - Fill in legal name of the Ward.
 - Enter the case number from your Letters of Guardianship.
 - Fill in your name as Guardian. If a Co-Guardian was appointed by the court, fill in the Co-Guardian's name, too.
- **Leave the rest of the form blank.**

Step Two: Serve Copies Of The Completed Forms

Make Copies of Completed and Signed Forms

Make a copy of the following completed and signed forms for the Ward's living spouse (if any), Ward's living parents (if any), and each interested person designated in the Court's order establishing the guardianship:

- Notice of Petition;
- Petition for Termination of Guardianship and Discharge of Guardian/Co-Guardians – Death of Ward;

- Final Report & Accounting;
- (Proposed) Order Confirming Termination of Guardianship and Discharging of Guardian/Co-Guardians – Death of Ward; and
- Any additional documents you plan to file with the court along with your petition documents. (*You may not have any additional documents.*)

Arrange to Serve Copies of the Completed Forms

You must serve a copy of the completed forms on the Ward's living spouse (if any), Ward's living parents (if any), and each interested person designated in the Court's order establishing the guardianship.

The North Dakota State District Court will require proof that the Ward's living spouse (if any), Ward's living parents (if any), and each interested person received a copy of the completed forms. A Declaration of Service is your proof.

If you arrange to have copies of the completed forms hand delivered:

- The person who hand delivers the copies **must be** 18 years old or older, and **can't** be a party or interested in the guardianship case.
- The person who hand delivered the copies completes and signs the Declaration of Service by Hand Delivery form.
- Make a copy for your records. The original(s) will be filed with the Clerk of Court.

If you arrange to have copies of the completed forms mailed:

- The person who mails the envelope(s) containing the copies **must be** 18 years old or older. The postage must be prepaid.
- The person who mails the envelope(s) containing the copies completes and signs the Declaration of Service by Mail form.
- Make a copy for your records. The original(s) will be filed with the Clerk of Court.

Step Three: File Originals Of The Completed Forms

File the Original, Completed Forms with the Clerk of Court

File the following original, completed forms with the Clerk of Court of the North Dakota State District Court that has jurisdiction of the guardianship:

- Notice of Petition;
- Petition for Termination of Guardianship and Discharge of Guardian/Co-Guardians – Death of Ward;
- Final Report & Accounting;
- Confidential Information Form;
- (Proposed) Order Confirming Termination of Guardianship and Discharging of Guardian/Co-Guardians – Death of Ward;
- Any additional documents you plan to file with the court along with your petition documents. (*You may not have any additional documents.*); and
- Declaration of Service forms showing service on the Ward and each interested person.

You may be required to pay a filing fee. Contact the Clerk of Court for the amount, if any.

Contact information for Clerks of Court by North Dakota county is available at ndcourts.gov/court-locations.

After the Original, Completed Forms are Filed

The people who received copies of the completed forms have **14 days to serve and file a response or objection** to your request to end the guardianship due to the death of the Ward.

You'll be notified if a hearing on your request is scheduled, or if the court requires you to do something before the court will make a decision.

State Of North Dakota

In District Court

County Of _____

_____ Judicial District

In The Matter Of The Guardianship Of

_____.

Case No. _____

**Notice Of Petition To Terminate Guardianship And Discharge Guardian/Co-Guardians –
Death Of Ward**

1. The Petition to Terminate Guardianship and Discharge Guardian/Co-Guardians – Death of Ward is brought in accordance with North Dakota Century Code Chapter 30.1-28 and Rule 3.2, North Dakota Rules of Court. Upon service of this Petition, any interested person has fourteen (14) days within which to serve and file a response or objection to the Court granting the Petition.

2. Upon expiration of the time for filing a response or objection, the Petition is deemed submitted to the court, unless a party or interested person timely requests a hearing. A request for hearing must not be made later than seven (7) days after expiration of the time for filing a response or objection. The party or interested person requesting a hearing shall secure a time for the hearing and shall serve notice of the time for hearing upon all other parties and interested persons.

Dated _____.

Dated _____.

(Signature of Guardian)

(Signature of Co-Guardian)

(Printed Name of Guardian)

(Printed Name of Co-Guardian)

(Address)

(Address)

(City, State, Zip Code)

(City, State, Zip Code)

Phone Number: _____

Phone Number: _____

Email: _____

Email: _____

State Of North Dakota

In District Court

County Of _____

_____ Judicial District

In The Matter Of The Guardianship Of

_____.

Case No. _____

**Petition For Termination Of Guardianship And Discharge Of Guardian/Co-Guardians –
Death Of Ward**

Name of Guardian/Co-Guardians:

Address:

City:

State:

Zip:

Phone:

1. I/We was/were appointed Guardian/Co-Guardians by Order of this Court dated

_____.

2. The guardianship has terminated because the Ward died on _____.

A copy of the death certificate is attached to this Petition.

3. I/we have performed all duties and responsibilities required by this Court's Order of Appointment.

4. I/we seeks/seek discharge from the obligations as Guardian/Co-Guardians.

5. A complete account of the financial matters I/we have handled for the ward or in connection with the guardianship since the date of my/our last guardian's report through the date of the Ward's death is filed with this Petition and incorporated by reference.

6. Petitioner/Petitioners requests/request an Order of this Court confirming the termination of the guardianship and discharging the Guardian/Co-Guardians.

7. Petitioner/Petitioners will surrender titles, invoices, receipts, insurance policies, bank and financial statements, and all other papers and assets in this ward's estate as the court directs.

8. I declare, under penalty of perjury under the law of North Dakota, that everything I stated in this Petition is true and correct.

Signed on _____ (date) in _____ (city),
_____ (county), _____ (state), _____ (country).

_____/_____
(Signature of Guardian) (Printed Name of Guardian)

(Address) (City, State, Zip Code)

(Telephone Number) (Email Address)

(Use for Co-Guardian. If no Co-Guardian, leave blank)

Signed on _____ (date) in _____ (city),
_____ (county), _____ (state), _____ (country).

_____/_____
(Signature of Co-Guardian) (Printed Name of Co-Guardian)

(Address) (City, State, Zip Code)

(Telephone Number) (Email Address)

State of North Dakota

In District Court

County Of _____

_____ Judicial District

In The Matter Of The Guardianship Of

Case No. _____

Final Report And Accounting

Address of Ward: _____

City, State Zip: _____

Individual's age: _____ Phone number: _____

Guardian(s) or Conservator: _____

Address: _____

City, State Zip: _____

Phone and email: _____

Following is a final accounting and a list of all assets and liabilities owned by the Ward, or in which they have an interest. Additional pages are attached if needed.

Fillable forms and instructions are available under "Legal Self Help & Forms" at ndcourts.gov.

Personal identification numbers such as account numbers, birthdates, and social security numbers have been redacted or completely crossed out on any attachments. Birth year and the last four digits of identification numbers **aren't** redacted because those are acceptable.

Final Accounting

Report for the period from ____/____/____ to ____/____/____.

1) Beginning checking account(s) balance (also enter on line 6): \$ _____

2) Income and deposits:

Wages/salary	\$ _____
Social Security	\$ _____
Pensions/annuities	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

3) Total of all deposits (also enter on line 7): \$ _____

4) Expenses and withdrawals:

Rent/mortgage/residence	\$ _____
Utilities/phone/etc	\$ _____
Groceries/food	\$ _____
Insurances	\$ _____
Spending money	\$ _____
Medical	\$ _____
Personal needs	\$ _____
Guardian/conservator fees	\$ _____
Legal/professional fees	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

5) Total of all expenses (also enter on line 8): \$ _____

6) Beginning balance (from line 1): \$ _____

7) Add total deposits (from line 3): \$ _____

8) Subtract total expenses (from line 5): \$ _____

9) Ending checking account(s) balance: \$ _____

10) Assets disposed of since my last report to the court:

Asset Description and reason for disposal	Date of Disposal	Amount Received

Ending Inventory**11) Cash, checking accounts:**

Description	Value or Balance	Location

12) Savings accounts, other banking accounts, and investments:

Description	Value or Balance	Location

13) Personal property *(Combine all general personal property such as clothing, appliances, furniture, and housewares and provide estimated total. List items of high value such as jewelry, art or antiques separately):*

Description	Value	Location
Household goods and personal property:		
Other <i>(describe)</i> :		

14) Real estate and physical assets:

Description	Value	Location

15) Other assets:

Description	Value or Balance	Location

16) Total of all assets (also enter on line 20): \$ _____

17) Mortgages, loans, creditors, other debt:

Description	Value or Balance	Location

18) Other creditors, debt and unpaid bills:

Description	Value or Balance	Location

19) Total of all debt/liabilities (also enter on line 21): \$ _____

20) Total of all assets: \$ _____

21) Subtract the total of all debt: \$_____

22) Equals total estate value or net worth: \$_____

23) Comments on financial well-being and transactions. Include the reasons for new assets received, or why debt was incurred, or how assets were disposed of, etc. (*Attach additional pages as needed.*)

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

24) Check one option below concerning disposition of the estate (*line 24 continues on next page*):

☐ a) In cases where the court returns financial authority to the Ward/Conservatee:

On (date) _____ I/we surrendered titles, invoices, receipts,
insurance policies, bank and financial statements, and all other papers and assets in
this estate to the Ward/Conservatee.

☐ b) In cases where financial authority has been transferred to a successor:

On (date) _____ I/we surrendered titles, invoices, receipts, insurance policies, bank and financial statements, and all other papers and assets in this estate to the successor. The person transferred to (list successor's name): _____

☐ **c) In cases where the Ward/Conservatee has passed away:**

I will surrender titles, invoices, receipts, insurance policies, bank and financial statements, and all other papers and assets in this estate as the court directs.

25) I/we will arrange to have a copy of this report served by certified mail or first class mail, or served by personal delivery to each person listed below. A Declaration of Service showing service to each person listed below will be filed with this report. The following persons will be served a copy of this Final Report and Accounting (*list the name and relationship to the Ward/Conservatee of each person to whom you served a copy of this report. Declaration of Service forms are included with this report form*):

26) By signing below, I/we certify under penalty of perjury under the law of North Dakota that the information contained in, and attached to, this Final Report and Accounting is true, complete, and correct.

Guardian or conservator (print): _____

Signature: _____ Date: _____

County, State, & Country where signed: _____

Guardian or conservator (print): _____

Signature: _____ Date: _____

County, State, & Country where signed: _____

State of North Dakota

In District Court

County Of _____

_____ Judicial District

In The Matter of The Guardianship Of

_____.

Case No. _____

Confidential Information Form

*The information on this form is confidential and must not be placed in a publically accessible portion of a file. Social security numbers and birthdates **aren't** required for company employees – list the company's contact information.*

Full Information

Redacted Information

Ward:

Name: _____

Date of Birth: _____

Social Security #: _____

Year of Birth: _____

XXX-XX-_____

Guardian/Conservator:

Name: _____

Date of Birth: _____

Social Security #: _____

Year of Birth: _____

XXX-XX-_____

Co-Guardian/Co-Conservator:

Name: _____

Date of Birth: _____

Social Security #: _____

Year of Birth: _____

XXX-XX-_____

Financial Account Numbers:

Name of Account: _____

Account Number: _____

Name of Account: _____

Account Number: _____

Last 4 Digits: _____

Last 4 Digits: _____

Full Information

Redacted Information

Financial Account Numbers:

Name of Account:	_____	
Account Number:	_____	Last 4 Digits: _____
Name of Account:	_____	
Account Number:	_____	Last 4 Digits: _____
Name of Account:	_____	
Account Number:	_____	Last 4 Digits: _____
Name of Account:	_____	
Account Number:	_____	Last 4 Digits: _____
Name of Account:	_____	
Account Number:	_____	Last 4 Digits: _____
Name of Account:	_____	
Account Number:	_____	Last 4 Digits: _____

Taxpayer ID Number:

Name:	_____	
ID Number:	_____	Last 4 Digits: _____

Dated _____.	Dated _____.
_____ (Signature of Guardian)	_____ (Signature of Co-Guardian)
_____ (Printed Name of Guardian)	_____ (Printed Name of Co-Guardian)
_____ (Address)	_____ (Address)
_____ (City, State, Zip Code)	_____ (City, State, Zip Code)
Phone Number: _____	Phone Number: _____
Email: _____	Email: _____

State Of North Dakota

In District Court

County Of _____ Judicial District

In The Matter Of The Guardianship Of

_____.

Case No. _____

**Order Confirming Termination Of Guardianship And Discharging Guardian/Co-Guardians -
Death Of Ward**

1. On the petition of _____,
Guardian/Co-Guardians of the above-named Ward, and there having been no objections to
termination of the guardianship and discharge of the guardian/co-guardians,

The Court Finds:

2. The guardianship has been terminated because the above-named Ward died on
_____.

3. The Guardian/Co-Guardians should be discharged from the duties of guardianship.

Therefore, The Court Orders:

4. The termination of the above-named guardianship is confirmed and
_____, Guardian/Co-Guardians,
is/are discharged from the guardianship.

5. The Guardian/Co-Guardians shall provide a final report and inventory within 60 days of entry of this Order, and upon approval of the final accounting, they are released from the bond they were required to furnish.

By The Court:

Judge of the District Court
Judicial Referee of the District Court

State Of North Dakota

In District Court

County Of _____

_____ Judicial District

In The Matter Of The Guardianship Of

_____.

Case No. _____

Declaration Of Service By Mail

*(May serve multiple persons **only if** envelopes are mailed same day.)*

The person serving court documents by mail states:

1. My name is _____ *(person who mailed*

documents). I am at least 18 years of age.

2. **List of Court Documents Served** *(checkmark (✓) the box of each item served. If you have additional documents, checkmark the box and list the document):*

☒ Notice of Petition to Terminate Guardianship and Discharge Guardian/Co-Guardians – Death of Ward

☒ Petition to Terminate Guardianship and Discharge Guardian/Co-Guardians – Death of Ward

☒ Final Report and Accounting

☒ Proposed Order Confirming Termination of Guardianship and Discharging Guardian/Co-Guardians – Death of Ward

☐ _____

☐ _____

3. **Service by Mail:**

I served a true and correct copy of each of the court documents listed in Paragraph 2 by mailing them, enclosed in an envelope, by ☐ Certified Mail (or) ☐ First-Class mail *(choose one)*, postage prepaid, and by depositing them in the United States Mail, directed to each person listed in Paragraph 5.

4. Date of Service by Mail:

Date Court Documents Were Served by Mail: _____

5. Person or Persons Served by Mail:

1. Name of Person Served: _____

Mailing Address: _____

City, State, Zip Code: _____

2. Name of Person Served: _____

Mailing Address: _____

City, State, Zip Code: _____

3. Name of Person Served: _____

Mailing Address: _____

City, State, Zip Code: _____

4. Name of Person Served: _____

Mailing Address: _____

City, State, Zip Code: _____

6. I declare, under penalty of perjury under the law of North Dakota, that everything I
stated in this Declaration of Service by Mail is true and correct.

Signed on _____ (date) in _____ (city),
_____ (county), _____ (state), _____ (country).

(Signature)

(Printed Name)

(Address) (City, State, Zip Code)

(Telephone Number) (Email Address)

State Of North Dakota

In District Court

County Of _____

_____Judicial District

In The Matter Of The Guardianship Of

_____.

Case No. _____

Declaration Of Service By Hand Delivery

(A separate Declaration is required for each person served.)

The person serving court documents by hand delivery states:

1. My name is _____ *(name of person who hand delivered documents).*

2. I am at least 18 years of age. I am **not a party or interested in the above named civil matter.**

3. **List of Court Documents Served** *(checkmark (✓) the box of each item served. If you have additional documents, checkmark the box and list the document):*

☒ Notice of Petition to Terminate Guardianship and Discharge Guardian/Co-Guardians – Death of Ward

☒ Petition to Terminate Guardianship and Discharge Guardian/Co-Guardians – Death of Ward

☒ Final Report and Accounting

☒ Proposed Order Confirming Termination of Guardianship and Discharging Guardian/Co-Guardians – Death of Ward

☐ _____

☐ _____

4. Date, Time, and Address of Service by Hand Delivery:

Date: _____ Time: _____ ☐ a.m. (or) ☐ p.m.

Address:

(street address) (city) (zip code)

5. Service by Hand Delivery:

As required by Rule 5(b)(3) of the North Dakota Rules of Civil Procedure, I served a true and correct copy of each of the court documents listed in Paragraph 3 to _____

_____ (name of person served) at the date, time and

address listed in Paragraph 4 by handing the court documents directly to them. I know the

person I served is the person intended to be served because (explain how you identified the person): _____

6. I declare, under penalty of perjury under the law of North Dakota, that everything I stated in this Declaration of Service by Hand Delivery is true and correct.

Signed on _____ (date) in _____ (city),
_____ (county), _____ (state), _____ (country).

(Signature)

(Printed Name)

(Address) (City, State, Zip Code)

(Telephone Number) (Email Address)