

**DISCHARGE TO GUARDIAN OF MINOR**

(to be filed with final account)

[RIGL 33-15.1-37](#)**DATE FILED**FOR
COURT USE ONLY**STATE OF RHODE ISLAND**

County of _____

Estate of _____

Alias _____

PROBATE COURT OF THE

City or Town of _____

No. _____

Petitioner/Ward:

Name _____

Street
Address _____

City/Town _____

State _____

Zip
Code _____

E-mail _____

Phone
Number _____

For good cause shown:

I, _____, having attained the age of eighteen

(Name of Petitioner/Ward)

years, and having, since my arrival at full age, examined the accounts of

(Name of Guardian)

(Name of Co-Guardian, if applicable)

who was/were the guardian/co-guardian(s) of my person and estate during my minority; and having adjusted and settled accounts of said guardianship, and received the balance of my estate in his/her/hands: DO BY THESE PRESENTS, exonerate, acquit release and fully and absolutely discharge said guardian/co-guardian and the surety(ies) upon such guardianship bond, and his/her and their heirs, executors and administrators, from all claims which I now have upon them for or on account of said guardianship, or any other matter or thing relating thereto.

Name of

Petitioner/Ward _____

Signature of

Date _____

Petitioner/Ward _____

Notary:

Name of Notary _____

State _____

County _____

On _____ day of _____, 20_____, the Petitioner/Ward known to me or proved through satisfactory evidence, signed the document in my presence and swore or affirmed the statement(s) in the documents is/are truthful and accurate.

Signature of Notary Public _____

Date _____

Commission ID# _____

Commission Expiration Date _____

DECREE

Upon hearing, it is hereby ordered and decreed that the Respondent be released and said Guardian discharged.

Entered as an order and decree of the court on:

Probate Judge _____

Signature of

Date _____

Probate Judge _____