

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