MARYLAN _____, MARYLAND 巡回法院 孤儿法院 ______ DICIARY 市/县 Located at _____ Telephone Court Address 电话 法院地址 Case No. 案件编号 ____ In the Matter of 关于 Name of Minor or Disabled Person Docket Reference 未成年人或残疾人士姓名 案卷参考 PETITION FOR TERMINATION OF GUARDIANSHIP OF THE PROPERTY 终止财产监护申请书 (Md. Rule 10-710) (《马里兰州规则》第 10-710 条) **NOTE:** Use this form to ask the court to terminate the guardianship of the property of a minor or disabled person. File this form within 45 days after discovery of the grounds for termination in the circuit or orphans' court that has jurisdiction over the guardianship. Attach all required documentation to the petition. The guardianship does not end until the court issues an order terminating the guardianship and releasing the guardian of the guardian's duties. 注:请使用此表请求法院终止未成年人或残疾人士的财产监护。请在发现终止事由后 45 天内. 向对监护权享有司 法管辖权的巡回法院或孤儿法院提交此表。本申请书已附上要求提供的所有文件。请在申请书上附上要求提供的所 有文件。只有等到法院下令终止监护并解除监护人的义务、监护才会终止。 , whose address is _____ Name _____, whose telephone number is _____ and whose e-mail address (if available) is ______, ask that the court terminate the guardianship of the property of Name of Minor or Disabled Person , 地址 电子邮箱地址(如有) 法院终止对 未成年人或残疾人士姓名 I state that: 本人声明: 1. My relationship to the minor or disabled is \square guardian of the person \square guardian of the property \square guardian of the person and property \square other (describe): 本人与未成年人或残疾人士的关系为 人身监护人 财产监护人 人身和财产监护人 其他(请说明): CC-GN-029BLC (Rev. 07/2024) (TR 07/2024)

The forms are in bilingual format for your convenience, but must be completed and filed with the court in English.

为了提供便利,表格用双语格式提供;但是,向法院提交的表格必须用英语填写。

2.	Name of Guardian of the Property		was appointed guardian of the property for 由法院命令任命为以下人员的财产监护人:					
	财产监护人姓名							
	N 016 Pi 11 12	b	by order of this court on					
	Name of Minor or Disabled Per		任命日期	Date of Appointment				
	未成年人或残疾人士姓名	,	12.10 H / //	任命日	期			
3.	My interest in the guardianship estate is:							
	本人对监护遗产享有的权益包括:							
4.	The following is a list of names, addresses, telephone numbers, and e-mail addresses (if available) of all interested persons (see Md. Code, Estates and Trusts Article, §13-101(j)):以下为所有利益相关者的姓名、地址、电话号码及电子邮箱地址(如有)列表(参阅《马里兰州法典》"财产与信托条款"第 13-101(j) 条)。							
	4. Name 姓名Relationship to or Disabled Pe 与该未成年人更大士的关系	rson 地址 及残疾		Telephone Number 电话号码	E-mail Address 电子邮箱地址			
5.	Guardianship of the property should be terminated because (select all that apply): 财产监护应当终止, 理由如下(请选择所有适用项):							
	Name of Minor		of majority on	Date of Minor's				
	Name of Minor	已于		Date of Minor's	s 18th Birthday 成年。			
			 未成年人 18 岁					
	A copy of the minor's birth certificate or other proof of age is attached to this petition. 本申请书附上了未成年人的出生证明或其他年龄证明副本。							
	Name of Minor	became emancipated because of marriage on						
	Name of Minor	已于						
	未成年人姓名	🗀 J						
	A copy of the minor's marriage certificate is attached to this petit							
	Date of Minor's Marriage				-			
	未成年人结婚日期	因结婚而获得的	解放。本申请书附	上了未成年人	、的结婚证副本。			
	小风十八和阳口沏							

L		died on	D 4 CD 4	A copy of the				
	Name of Minor or Disabled Person	已于	Date of Death	离世。本申请书				
	未成年人或残疾人士姓名	1	离世日期	图 匹0 个 年 相 13				
	minor or disabled person's death certificate is attached to this petition. 附上了未成年人的死亡证明副本。							
	☐ A probate estate was opened in the Orphans' Cour	rt of	County					
			County 具孤川法[庭启动了遗嘱认证,				
	县		21/41/11/21/2					
	Estate Number 遗产编号							
	\square A probate estate has not been opened because \square nare jointly owned.			remaining assets				
	未启动遗嘱认证,因为 遗产中没有剩余资产	所有剩余资产	^上 为共有资产。					
	Name of Disabled Person	no longer h	as the disability t	hat was the basis for				
	Name of Disabled Person		不再患有获得	· - - - - - - - - - - - - - - - - - - -				
	残疾人士姓名			mis/ /// [P43/H H 4/24/24]				
	guardianship (cessation of disability). One (1) original medical certificate showing to the end of the disability							
	was completed by a physician who has examined the disabled person within 21 days of filing of this petition and							
	is attached. (The physician should complete Form CC-GN-022, Medical Certificate - Cessation of Disability.)							
	` * •			• /				
	(不再残疾)。医生在本申请书提交后 21 天内对残疾人士进行了检查,并填写了一 (1) 份确认不再残疾的 医学证明原件。本申请书已附上该原件。(医生应填写表 CC-GN-022《不再残疾医学证明》。)							
	区于证明原什。平中间节口附上以原什。(区土应填与农	GG-GIN-022\\/\	'骨'戏 然区子证明	1//0 /				
	Guardianship of the property should be terminated because the guardian of the property occurred on		•	ne order appointing				
	克亚纳 山时文帐村 国头		Date	本人紀光 丁声				
	应当终止财产监护,因为	及生] 住	"叩别广监护人的	「中学別述以下事件				
	All assets in the estate have been distributed as authorized i 经任命财产监护人的命令授权, 遗产中的所有资产已进	n the order appoi 行分配。	inting the guardia	n of the property.				
	The following other good cause exists to terminate the guar	dianshin:						
	出现了以下其他终止监护的正当事由:	ciansinp.						

6. Section 6 applies if you are the guardian of the property. 如果您是财产监护人,则第 6 条使用。

Attached to this petition is a final Fiduciary's/Guardian's Account covering the period not reported in the last account filed, or, if none, from the date you were appointed as guardian of the property. (Use Form CC-GN-012, Fiduciary's Account, if the guardianship is in the circuit court or RW1320, Guardian's Account, if the guardianship is in the orphans' court).

本申请书附上了一份最终受托人/监护人账目,涵盖上一次提交的账目中未报告的期间,或如果之前没有提交,则涵盖自您被任命为财产监护人之日起的期间。(如果监护权由巡回法院授予,则请使用受托人账目,表格CC-GN-012;如果监护权由孤儿法院授予,则请使用监护人账目(RW1320))。

- 7. Section 7 applies if you are the guardian of the property and there are assets remaining in the estate. Attached to this petition is a proposal for the final distribution of any remaining assets in the estate. 如果您是财产监护人,且遗产中有剩余资产,则第 7 条适用。本申请书附上了一份遗产中任何剩余资产的最终分配提案。
- 8. All required documentation is attached. 已附上要求提供的所有文件。

FOR THESE REASONS, I ask the court to:

基于这些理由, 本人请求法院:

1.	Accept my request to terminate guardianship of the prop 批准本人终止对	的财产收掉一连步		
	Name of Minor or Disabled Per 未成年人或残疾人士姓名	son		
2.	ReleaseName of Guardian of the Property 解除	财产监护人的义务。		
3.	Issue an order requiring interested persons and any other equest should not be granted. 签发一份命令,要求利益相关者和法院指示的其他人			
4.	Grant any other and further relief as may be required. 按照要求批准任何其它和进一步救济。			
know	I solemnly affirm under the penalties of perjury that the colledge, information, and belief. 本人郑重确认,据本人所知所信,此文件内容真实。如何			
	Date 日期	Signature 签名		
	Street Address 街道地址	Printed Name 楷签		
	City, State, Zip 市、州、邮政编码	Telephone Number 电话号码		
	E-mail 电子邮箱	Fax 传真		