oo ae,			District Court Court File Number:	
Judicial District:				
		vatorship of		
			inate Conservatorship (GAC1104) Inn. Stat. § 524.5-431	
		Court can discharge ner requirements.	a Conservator, the Conservator must comply with final	
I declai correct	•	enalty of perjury that	t everything I have stated in this document is true and	
Inform	ation abou	ut Petitioner		
1.	Petitioner	r's full name, addres:	s, and contact information.	
		-		
	Mi	iddle Name:		
	Las	st Name:		
			Number:	
		·	ess:	
2.	Petitioner	r's interest in this ma	atter.	
	What is yo	our interest in the we	elfare of the person subject to conservatorship?	
	sul sp	bject to conservators	who may be interested in the welfare of the person ship include the person subject to conservatorship, a torney for the person subject to conservatorship, and a	

3.	Why are you filing this <i>Petition</i> ?				
Inform	nation in Support of Terminating (Ending) the Conservatorship				
4.	Information about the conservatorship.				
	A Conservator was appointed by Court Order dated:				
5.	Reasons the Conservatorship should be terminated. Check all that apply:				
	<ul> <li>☐ The person subject to conservatorship died on (date).</li> <li>→ Include a copy of the death certificate with this <i>Petition</i>.</li> </ul>				
	☐ The conservatorship was established because the person subject to conservatorship was a minor the person subject to conservatorship turned 18 years old on (date).				
	☐ The person subject to conservatorship no longer needs the assistance or protection of a conservator. The following facts support this statement:				
Reque					

Petitioner asks the Court for the following relief:

1. Terminate the conservatorship.

2. Discharge	(name) as conservator afte				
	all conservator duties are completed.				
3. Grant other relief that is	s in the best interests of the person subject to conservatorship.				
correct. Minn. Stat. § 358.116	rry that everything I have stated in this document is true and				
Date:	Signature:				
	Name:				
	Address:				
County and state where signed	City/State/Zip:				
	Phone:				
	Email:				