

Revocation of Guardianship Declaration

Full Name of Declarant:

Address:

Name of Guardian to be Revoked:

Name of Ward (Person Under Guardianship):

Reason for Revocation:

Declaration

I hereby declare that I am revoking the guardianship previously granted to the above-named guardian regarding the care and affairs of the named ward. This revocation is effective immediately upon signing this document.

Date:

Signature of Declarant: