ATTORNEY OR PARTY WITH	OUT ATTORNEY (Name, state bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO .:	FAX NO. (Optional):	
E-MAIL ADDRESS (Optional):		
ATTORNEY FOR (Name):		
SUPERIOR COURT	OF CALIFORNIA, COUNTY OF STANISLAUS	
Street Address:	800 11th Street, Modesto, CA 95354	
Civil Clerk's Office:	1100 I Street, P.O. Box 1098, Modesto, CA 95353	
IN THE MATTER OI	F THE GUARDIANSHIP OF:	
WA	IVER OF ACCOUNT & RELEASE OF GUARDIAN	CASE NUMBER
	(Probate Code §2627)	

, reached the age of majority (18) on

(Date of Birth)

(Name of Guardian)

2. I have made a final settlement with my guardian,

(Name of Minor)

and do hereby waive the filing and settlement of a final account by him/her. I have reviewed the investment of the estate. I am satisfied that the investments of the estate assets and disbursements from my estate were appropriate. I am satisfied that the assets I received were the total assets due me.

3. I hereby release my guardian from all liability for handling of my estate. That this release is not signed under any undue influence and it is freely given by me.

I declare under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.

DATED:

Signature of Ward/Petitioner

Printed Name of Ward/Petitioner

