

**IN THE COUNTY COURT OF THE FIFTH JUDICIAL CIRCUIT
IN AND FOR HERNANDO COUNTY, FLORIDA**

CASE NUMBER: _____

**IN RE: GUARDIANSHIP OF _____
WARD,**

**DISCHARGE
CHECKLIST AND CERTIFICATION**

I, _____, as the attorney of record, have reviewed the applicable checklist(s) on the Clerk of the Circuit Court's website and filed the following pleadings with the Clerk of Court's docket, for which I have written the docket index number (DIN) next to each of the corresponding requirements below:

Petition for Discharge:

- ☐ DIN: _____ Petition for Discharge in accordance with Fla. Stat. §744.527, §744.528; Fla. Prob. R. 5.680
- ☐ DIN: _____ Notarized Consent or Proof of Formal Notice to Ward's Next of Kin (Ward had no assets)
- ☐ DIN: _____ Notarized Consent or Proof of Formal Notice to Beneficiaries of Ward's Estate (when Guardian is Personal Representative of Ward's Estate) - Fla. Stat. §744.528

Notarized Waivers and Consents of:

- ☐ Ward – (Has reached age of majority OR has regained capacity)
- ☐ Personal Representative of Ward's Estate
- ☐ Successor Guardian

Supporting Documents (ALL must be filed):

- ☐ DIN: _____ Authenticated copy of Death Certificate of Ward has been deposited with the Clerk of Courts (Discharge due to Death of Ward). ☐ Filed to Ward's estate case. _____
- ☐ DIN: _____ Authenticated copy of Ward's birth certificate has been deposited with the Clerk of Courts (Guardianship of Minor).
- ☐ DIN: _____ Order Restoring Capacity of Ward was entered on _____
- ☐ DIN: _____ Resignation or Death Certificate of Guardian (When successor Guardian is being appointed)

Required Filing(s):

- ☐ DIN: _____ Final Report of Guardian - Fla. Stat. §744.527
- ☐ Receipt of Assets: ☐ Successor Guardian ☐ Ward (Attained age of majority or regained capacity)
- ☐ Ward's Estate ☐ Court Registry
- ☐ No Assets

Clerk of Courts Letter from Auditor:

- ☐ There are no pending or unresolved 10-day letters from the Clerk of Courts Auditor.

Proposed Order(s) or Letter(s) submitted via Circuit5.org:

- ☐ Order of Discharge

I HEREBY CERTIFY that I have complied with the above checklist and filed the required pleadings and supporting documentation in accordance with applicable Florida Statutes, Florida Probate Rules, local rules, administrative orders, and administrative memoranda. I understand that submission of this checklist is considered an official statement subject to Fla. Stat. §837.06.

Dated: _____

Attorney Signature: _____
Printed Name: _____
Bar Number: _____
Email Address(es): _____