ATTORNEY OR PARTY WITHOUT 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 CALIFO	PRNIA, COUNTY OF MENDOCINO	
☐ UKIAH Courthouse 100 North State Street Ukiah, CA 95482	☐ TEN MILE Branch Court 700 South Franklin Street Fort Bragg, CA 95437	
Conservatorship of:		
PETIONER:		
PETITION TO RESIGN AS CONSERVATOR PERSON ESTATE LIMITED CONSERVATORSHIP		Case Number:
l (my name),	, declare:	
I am: ☐ The Conservator of the ☐ Limited Conservatorship of ☐		Other:
I am petitioning the Court to resig	n as Conservator to the above entitl	led Conservatee for the following reasons:
		·
☐ Check here if you need more s Conservator – Additional Informat		aper and write "Petition to Resign as
I declare, under penalty of perjury correct to my own knowledge.	under the laws of the State of Calif	ornia, that the foregoing is true and
Dated:		
(PRINT NAME)	(SIGN	IATURE OF PETITIONER)