

3. The said _____ (*name of person*), is currently residing at _____ (*city/town*), in the Province of Newfoundland and Labrador, however, I am handling _____

 (*assistance being provided to person*), for my _____
 (*relationship of person to petitioner*).
4. Attached hereto and marked Schedule "A" is the Affidavit of _____ (*name of physician*), of _____ (*city/town*), in the Province of Newfoundland and Labrador, _____ (*type of physician*), wherein the said _____ (*name of physician*) desposes that the said _____ (*name of person*), is incapable of managing his/her own affairs and that it is unlikely he/she will ever be able to manage his/her own affairs in the future.
5. That the said (his/her) has the following next of kin and no others, namely:
- (a) _____ (*full name of next of kin*), of _____ (*city/town*), in the Province of _____ (*name of Province*), _____ (*relationship*), age _____ years;
- (b) _____, of _____, in the Province of _____, _____, age _____ years;
- (c) _____, of _____, in the Province of _____, _____, age _____ years;
- (d) _____, of _____, in the Province of _____, _____, age _____ years;

(e) _____, of _____, in
the Province of _____,
_____, age ____ years;

6. That the following person(s) reside within the jurisdiction and (is/are) entitled either in priority or have an equal right with the Petitioner to a grant of Letters of Guardianship under the *Mentally Disabled Persons' Estates Act* and have consented to the said appointment, which Consents are annexed hereto:

(a) _____ (*full name of next of kin*), of
_____ (*city/town*), in the Province of
_____ (*name of Province*),
_____ (*relationship*), age ____
years;

(b) _____, of _____, in
the Province of _____,
_____, age ____ years;

(c) _____, of _____, in
the Province of _____,
_____, age ____ years;

(d) _____, of _____, in
the Province of _____,
_____, age ____ years;

(e) _____, of _____, in
the Province of _____,
_____, age ____ years;

(f) _____, of _____, in
the Province of _____,
_____, age ____ years;

(f) _____, of _____, in
the Province of _____,
_____, age ____ years;

7. That at the date of this Petition, the said _____ (*name of person*) was possessed of property within the jurisdiction of this Honourable Court of an approximate value of \$_____. That the paper-writing hereto annexed and marked "B" is a true and correct Inventory and Valuation of the estate and effects of the said _____ so far as your Petitioner can at present ascertain.
8. No Letters of Guardianship of the Estate and Effects of the said _____ (*name of person*) have been applied for or granted to any person.

The Petitioner therefore applies for a grant of Letters of Guardianship of the Estate of the said _____ (*name of person*) to be issued to the Petitioner, pursuant to the *Mentally Disabled Persons' Estates Act*, R.S.N. 1990, c. M-10.

Dated at _____ in the Province of Newfoundland and Labrador this _____ day of _____, 2010.

Signature of Petitioner

Name of Petitioner

Address

