

Date: _____

Contract Attorney
Attorney at Law
201 Bank Electric Building
Lewistown, MT 59457

Dear: _____:

This letter is written to inform you that _____ expired at the Montana Mental Health Nursing Care Center on _____. _____ was Limited Guardian. I request that the guardianship be dissolved.

Thank You!

Sincerely,

Social Worker
Montana Mental Health Nursing Care Center

KA/lj
cc: Office Manager
Medical Records
Social Service File
File