

STATE OF MAINE

_____ COUNTY PROBATE COURT

DOCKET NO. _____

In Re: _____
Incapacitated Person

OBJECTION BY PROPOSED ADULT WARD TO TESTAMENTARY

I have been notified that my deceased parent or spouse left a Will in which said deceased parent or spouse nominated¹ _____ of _____ to be my guardian(s) on the grounds that I am incapacitated.

I object to the appointment of the person(s) nominated. I understand that this objection will prevent or terminate the proposed guardianship, and I will no longer be a protected person unless ordered by a Court of competent jurisdiction.²

Dated: _____

Proposed Adult Ward

Name, address and telephone number of attorney, if any, for adult making objection. If there is no attorney, enter address and telephone number of person signing this objection.

¹ Name and address (if known) of proposed testamentary guardian.

² See 18-A MRSA § 5-301 (d).