

IN THE COURT OF COMMON PLEAS OF _____ COUNTY, PENNSYLVANIA

ORPHANS' COURT DIVISION

IN RE: _____, an incapacitated person FILE NO. _____

GUARDIAN OF THE ESTATE
INITIAL/ANNUAL/ FINAL REPORT
[20 Pa. C.S.A. 5521(C)]

FROM _____ TO _____

1. I am the ____ Limited ____ Plenary Guardian of the Estate of my ward, named above.
I was appointed Guardian by Order of the Court dated _____, which ____ was
____ was not modified by Court Order(s) dated _____.
2. Is the incapacitated person still living? _____
If no, answer the following:
 - (a) Date of Death?
 - (b) Place of Death?
 - (c) Name of Administrator or Executor?
 - (d) Date Guardian of the Person filed the last Annual Report?

**PLEASE ANSWER THE FOLLOWING QUESTIONS WHETHER THE
INCAPACITATED PERSON IS LIVING OR DECEASED.**

3. My initial Inventory was filed on _____ and listed a total estate value of
\$ _____.

The Inventory listed a total monthly income of \$ _____ comprised of the
following: _____

4. At the beginning date of this reporting period, my initial balance on hand was
\$ _____.

5. During this reporting period, the following reflects all sources of income (other than social security) received by me for my ward: (Add additional pages if needed)

	Date Received	Source of Income	Amount
1.			
2.			
3.			
4.			
5.			
6.			
Total			

6. During this reporting period, the following reflects all payments I have made for my ward: (Add additional pages if needed)

	Date	To Whom Paid	Reason for Payment	Amount
1.				
2.				
3.				
4.				
5.				
6.				
Total				

7. The present principal assets of my ward are:

	Description of Asset	Present Value
1.		
2.		
3.		
4.		
5.		
6.		
Total		

8. The present amount and sources of income for my ward are:

	Source of Income	Amount of Income <small>(Indicate whether monthly, quarterly, annually)</small>
1.		
2.		
3.		
4.		
5.		
6.		

9. The regular monthly expenses of my ward which I pay are:

	To Whom Paid	Amount
1.		
2.		
3.		
4.		
5.		
6.		

10. I have / have not (circle one) petitioned the Court for permission to invade principal to meet the needs of my ward.

(If applicable) The following expenses of my ward have been paid from principal:

	To Whom Paid	Purpose	Amount
1.			
2.			
3.			
4.			
5.			
6.			

11. I have / have not (circle one) paid myself compensation for services I rendered as guardian.

The amount I paid myself totaled \$ _____ and was calculated at the following rate: \$ _____ per week / month (circle one).

12. Circle the correct response and complete, if appropriate.

There will be no need for extraordinary expenditures on behalf of my ward in the next twelve (12) months.

or

There will be a need for extraordinary expenditures on behalf of my ward in the next twelve (12) months because:

13. Circle the correct response and complete, if appropriate.

- A. My ward receives monthly social security benefits directly.
- B. I am the designated payee to receive my wards' social security benefits.
- C. The designated payee of my wards' social security benefits is:

whose address is:

and is / is not (circle one) related to my ward as

(insert relationship).

14. Please note any concerns about the incapacitated person's physical or mental well being or the finances that the Court should know. _____

15. I _____ am _____ am not guardian of the incapacitated person's person. If yes, my report is attached.

I certify under the penalties of perjury that the information contained in this report is true and correct to the best of my knowledge, information and belief.

Date: _____

Signature of the (Co-)Guardian of the Estate

Name: _____

Telephone # Home: _____

Address: _____

Work: _____

Date: _____

Signature of the (Co-)Guardian of the Estate

Name: _____

Telephone # Home: _____

Address: _____

Work: _____