ANNUAL REPORT OF GUARDIAN OF THE ESTATE

COURT OF COMMON PLEAS OF
_____ COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION

Estate of _____, an Incapacitated Person

No._____

I. INTRODUCTION

_____, was appointed ☐Plenary ☐Limited Guardian of the Estate by Decree of _____, J., dated _____.

☐ A. This is the **Annual Report** for the period from _____, _____ to _____, _____ (the "Report Period"); *or*

☐ B. This is the **Final Report** for the period from _____, _____ to _____, _____ (the "Report Period"), and is filed for the following reason:

1. The death of the Incapacitated Person. Date of death:_____
   Name of Personal Representative: _____

2. The Guardianship was terminated by the Court by Decree of

   _____ J., dated _____

Estate of _____, An Incapacitated Person

II. SUMMARY

A. State the value of the estate reported on the Inventory $_____

B. State the value(s) of principal assets at the beginning of the Report Period. (Same as Inventory if first Report, otherwise, ending balance from last Report.) $_____

C. What is the total amount of income earned during the Report Period? $_____

D. What is the total amount of income and principal spent for all purposes during the Report Period? $_____

E. What are the balances remaining at the end of the Report Period?

1. Principal $_____
2. Income $_____
3. Total of Principal and Income $_____0.00

III. ADDITIONAL INFORMATION

(If more space is needed, please attach additional pages.)

A. Principal

1. How is the principal balance listed above currently invested? (Please specify, *e.g.*, real estate, certificates of deposit, restricted bank accounts, etc.):

2. Have there been any expenditures from the principal during the Report Period? ..... ☐ Yes ☐ No

   If yes:

   a. Have all expenditures from the principal been for the sole benefit of the Incapacitated Person? ..... ☐ Yes ☐ No

b. List purpose and amount of expenditures:

_____ $_____
_____ $_____
_____ $_____
_____ $_____

c. Was Court approval received prior to expending the principal? ..... ❑ Yes ❑ No

3. Were additional principal assets received during the Report Period which were not included in the Inventory or a prior Report filed for the Estate? ..... ❑ Yes ❑ No

If yes:

a. Was Court approval requested prior to receiving the additional principal? ..... ❑ Yes ❑ No

b. State the sources and amounts of the additional principal received:

_____ $_____
_____ $_____
_____ $_____
_____ $_____
_____ $_____

B. Income

1. State sources and amounts of income received during the Report Period (*e.g.*, Social Security, pension, rents, etc.):

_____ $_____
_____ $_____
_____ $_____
_____ $_____
_____ $_____
_____ $_____

Total income received during Report Period: $_____0.00

2. How is income currently invested? (Please specify, *e.g.*, restricted bank accounts, client care account, etc.):

C. Expenses for Care and Maintenance

Specify what expenditures were made from the principal and income for the care and maintenance of the Incapacitated Person (*e.g.*, clothing, nursing home, medicine, support, etc.):

D. Other Expenditures

Specify what other expenditures were made during the Report Period. (Do not include any items stated in response to question C above.)

E. Guardian's Commissions

List amounts of compensation paid as Guardian's commission and state how amount was determined:

Amount	*Method of Determination*	*Court Approval Obtained*
_____	_____	☐ Yes ☐ No
_____	_____	☐ Yes ☐ No

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F. Counsel Fee

List amounts paid as counsel fee, and indicate whether Court approval was obtained.

Amount	*Court Approval Obtained*
_____	☐ Yes ☐ No
_____	☐ Yes ☐ No

I verify that the foregoing information is correct to the best of my knowledge, information and belief; and that this Verification is subject to the penalties of 18 Pa.C.S. § 4904 relative to unsworn falsification to authorities.

_____
Date

_____
Signature of Guardian of the Estate

_____
Name of Guardian of the Estate (type or print)

_____
Address

_____
City, State, Zip

_____
Telephone