

**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 _____

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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 \$ _____

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

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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: \$ _____

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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:

<i>Amount</i>	<i>Method of Determination</i>	<i>Court Approval Obtained</i>
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

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F. Counsel Fee

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

<i>Amount</i>	<i>Court Approval Obtained</i>
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> 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