

**IN THE COURT OF COMMON PLEAS OF WASHINGTON COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION**

IN RE: ESTATE OF:)
)
) No.
 _____)
an incapacitated person.)

ANNUAL REPORT OF GUARDIAN PURSUANT TO 20 PA.C.S. § 5521

AND NOW comes the guardian appointed by the Court in the above-captioned case and makes this Annual Report of the Guardian pursuant to 20 Pa.C.S. § 5521 as follows:

As guardian of the estate of the above-named incapacitated person, I make the following declarations and report.

The current assets and principal of the estate of the above-named incapacitated person total \$ _____ as of _____ (date).

These assets and principal are invested as follows:

The income of the above-named incapacitated person is \$
per _____.

The source(s) of this income is (are) as follows:

The expenditures of principal and income of the above-named incapacitated person since the last report have been as follows (list payees, dates, amounts, and purposes of expenditures)

(attach additional pages if necessary):

<u>Payee</u>	<u>Date</u>	<u>Amount</u>	<u>Purpose</u>
_____	_____	\$ _____	
_____	_____	\$ _____	
_____	_____	\$ _____	
_____	_____	\$ _____	
_____	_____	\$ _____	
_____	_____	\$ _____	
_____	_____	\$ _____	
_____	_____	\$ _____	
_____	_____	\$ _____	
_____	_____	\$ _____	
_____	_____	\$ _____	
_____	_____	\$ _____	
_____	_____	\$ _____	
_____	_____	\$ _____	
_____	_____	\$ _____	

The needs of the incapacitated person named above for which I, as guardian, have provided for since the last report have been as follows:

As guardian of the person of the above-named incapacitated person, I make the following declarations and report.

The current address of the above-named incapacitated person is:

The type of placement of the above-named incapacitated person is:

_____ The current major medical and/or mental problems of the above-named incapacitated person are as follows:

_____ A brief description of the above-named incapacitated person's living arrangements and the social, medical, psychological and other support services he or she is receiving is as follows:

_____ Do you, as guardian, believe that this guardianship should continue?

_____ What are your reasons for this opinion?

_____ **How many times have you as guardian, personally, visited the above-named incapacitated person within the last year?**

What has been the average length of each of these visitations?

_____ **I make the above declarations and statements subject to the provisions of 18 Pa.C.S. §4904, relating to unsworn falsification to authorities.**

_____ **Name of Guardian (printed)**

_____ **Signature of Guardian**

_____ **Date of this report**

Sworn to and subscribed before me this

_____ **day of _____,**

20_____.

NOTARY PUBLIC

My Commission Expires: