

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

IN RE: _____) No.
)
)
)

an Incapacitated Person

GUARDIAN OF THE ESTATE ANNUAL REPORT

FROM _____, 20__ TO _____, 20__

1. I am the Limited Plenary Guardian of the Estate of my ward, named above. I was appointed guardian by the Order of the Court dated _____, which was was not modified by Court Order (s) dated _____.

2. Is the incapacitated person still living? yes no
If no, answer the following:

a. Date of Death: _____

b. Place of Death: _____

c. Name of Administrator or Executor: _____

d. Date Guardian of the Estate 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 my 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:

	Sources of Income	Amount of Income
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 petitioned the Court for permission to invade principal to meet the needs of my ward. (If applicable) The following expenses of my ward have not been paid from principal:

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

11. I have have not 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.

12. Check the correct response and complete, if applicable.

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

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

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

My ward receives monthly social security benefits directly.

I am the designated payee to receive my ward's social security benefits.

The designated payee of my ward's social security benefits is:

Whose address is:

And is / is not 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 Guardian of the Estate

Name: _____

Address: _____

Phone: (home) _____

(work) _____