

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)

	<b>Date Received</b>	<b>Source of Income</b>	<b>Amount</b>
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)

	<b>Date</b>	<b>To Whom Paid</b>	<b>Reason for payment</b>	<b>Amount</b>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
:			Total:	_____

7. The present principal assets of my ward are:

	<b>Description of Asset</b>	<b>Present Value</b>
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:

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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.

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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) \_\_\_\_\_