

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

IN RE:

No.

\_\_\_\_\_  
Incapacitated Person

**FINAL REPORT OF THE GUARDIAN OF THE PERSON**

1. Reason for this Final Report is:

a. Death

The incapacitated person died on \_\_\_\_\_

b. Adjudication of Capacity

The adjudication of capacity has  
been entered by decree of this Court  
dated \_\_\_\_\_

2. If the Incapacitated Person died, the cause of death was: \_\_\_\_\_  
\_\_\_\_\_

3. The address of the Incapacitated Person as of the date of death or adjudication of  
capacity: \_\_\_\_\_  
\_\_\_\_\_

4. Describe the type of facility and living arrangements that the incapacitated person was  
placed as of the date of death or adjudication of capacity:

- a. ☐ Private home
- b. ☐ Personal Care or Nursing Home
- c. ☐ Hospital
- d. ☐ Institution

5. Number and length of times you visited the incapacitated person from the date of the last report to the date of death or adjudication of capacity:

	<u>Date</u>	<u>Duration</u>
January	_____	_____
February	_____	_____
March	_____	_____
April	_____	_____
May	_____	_____
June	_____	_____
July	_____	_____
August	_____	_____
September	_____	_____
October	_____	_____
November	_____	_____
December	_____	_____

Date: \_\_\_\_\_

\_\_\_\_\_  
Guardian's Signature

Guardian's Address: \_\_\_\_\_

\_\_\_\_\_

City, State, Zipcode: \_\_\_\_\_

Daytime Telephone No.: \_\_\_\_\_

Received: \_\_\_\_\_

Accepted: \_\_\_\_\_

Signature: \_\_\_\_\_