

**COURT OF COMMON PLEAS
PHILADELPHIA COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION**

O.C. NO. _____ OF _____

ESTATE OF _____,
AN INCAPACITATED PERSON

ANNUAL REPORT OF GUARDIAN OF THE ESTATE

I, _____, was appointed
(Name of Guardian)
_____ guardian of the estate by Decree of _____ J.,
(Plenary or limited)
dated _____, ____.

This is my annual report for the period from _____, ____
to _____, ____ (the "Report Period").

I. SUMMARY

- A. Value of principal assets at the beginning of the Report Period? (See Inventory if first report, otherwise last report) \$ _____
- B. Total amount of income earned during the Report Period? \$ _____
- C. Total amount of all expenditures made for care and maintenance of the Incapacitated Person during the Report Period? \$ _____
- (1) From principal \$ _____
- (2) From income \$ _____
- D. Total amount spent for all other purposes during the Report Period? \$ _____
- E. Total amounts remaining at the end of the Report Period?
- (1) Principal \$ _____
- (2) Income \$ _____
- (3) Total (1 & 2) \$ _____

II. ADDITIONAL INFORMATION

(If more space is needed, attach additional pages)

A. Principal:

- (1) Total amount remaining at the end of the Report Period? \$ _____
- (2) How is principal currently invested? (Please specify, i.e., real estates, certificates of deposits, restricted bank accounts, etc.):

- (3) Have there been any expenditures from principal during the Report Period? (check one) YES or NO
- (4) Did you receive any principal assets during the Report Period which were not included in the Inventory or a prior report filed For the estate. (check one) YES or NO

If you answered YES:

- (a) Did you receive Court approval prior to receiving additional principal? (check one) YES or NO

- (b) State the sources and amounts of the additional principal you received:

_____ \$ _____
_____ \$ _____
_____ \$ _____

B. INCOME:

- (1) State sources and amounts of income received during the Report Period (i.e., Social Security, Pension, Rents, etc.):
_____ \$ _____
_____ \$ _____
_____ \$ _____
- Total income received during Report Period \$ _____

(2) How is income currently invested? (Please specify, restricted bank accounts, client care account, etc.)

C. Specify what payments were made for the care and maintenance of the Incapacitated Person (i.e., clothing, nursing home, medicine, support, etc.)

D. Specify what other payments were made during the Report Period. (Do not include any items stated in response to question C above).

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.A. 4904 relative to unsworn falsification to authorities.

Date: _____, 20 ____

Signature

Name of Guardian (type or print)

Address

City, State, Zip

Telephone Number
