

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

O.C. NO. _____ OF _____

**ESTATE OF _____
AN INCAPACITATED PERSON**

FINAL REPORT OF GUARDIAN OF THE PERSON

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

This is my final report for the period from _____, _____ to
_____, _____. (the "Report Period"), and is filed for the following
reason:

- a. The death of the incapacitated person. Date of death _____.
- a. Incapacitated person was declared competent by Decree of _____
_____, J., dated _____, _____.

2. Age of the incapacitated person at the time of death: _____ years.
Date of Birth _____, _____.

3. Living arrangements:

a. Last address of the incapacitated person:

- b. The incapacitated person's residence is:
- ___ own home/apartment
 - ___ nursing home
 - ___ boarding home/personal care home
 - ___ guardian's home/apartment
 - ___ hospital or medical facility
 - ___ relative's home (name, relationship and address)

Other: _____

c. The incapacitated person resided in the present residence since _____
_____.

d. Name and address of the incapacitated person's primary caregiver:

4 The major medical or mental problems of the incapacitated person at the time of death were as follows:

5. Specify what, if any, social, medical, psychological and support services the incapacitated person was receiving:

6. During the past year, I have visited the incapacitated person ____ times with the average visit lasting _____ .
(Hrs. Min.)

The report of a social service organization employed by the guardian to oversee and coordinate the care of the incapacitated person for the period covered by this report may be attached to supplement this report.

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