

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

**In Re:** \_\_\_\_\_ :  
\_\_\_\_\_ :  
**An Incapacitated Person**, \_\_\_\_\_ : **O.C. No.** \_\_\_\_\_ **of** \_\_\_\_\_  
\_\_\_\_\_ :

**ANNUAL REPORT OF GUARDIAN OF THE ESTATE**

1. I, \_\_\_\_\_, was /were appointed plenary guardian(s) of the ESTATE of \_\_\_\_\_ by Decree of the Honorable Judge \_\_\_\_\_. 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?  
\$ \_\_\_\_\_
- 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**

A. Principal:

(1) Total amount remaining at the end of the Report Period? \$ \_\_\_\_\_

(2) How is principal currently invested?

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(3) Have there been any expenditures from principal during the Report Period?

***(circle) YES or NO***

If you answered YES, was there Court approval for all expenditures from principal?

***(circle) YES or NO***

(4) Did you receive any principal assets during the report period which were not included on the inventory or a prior report filed for the estate?

***(circle) YES or NO***

If you answered YES:

(a) Did you receive Court approval prior to receiving additional principal?

***(circle) 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.).

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D. Specify what other payments were made during the Report Period.

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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: \_\_\_\_\_

\_\_\_\_\_  
Signature of Guardian

**\* FILING FEE \$15 MUST ACCOMPANY THIS FILING UNLESS IN FORMA PAUPERIS WAS ESTABLISHED BY COURT ORDER**