

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?

(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.).

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

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.**