



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

In Re: _____ :
: O.C. No. _____ of _____
An Incapacitated Person :

FINAL REPORT OF GUARDIAN OF THE PERSON

1. I, _____, was /were appointed plenary guardian(s) of the person of _____ by Decree of the Honorable Judge _____ dated _____. This is my report for the period from _____ to the date of death. ("The Report Period"). The date of the incapacitated person's death was _____.

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

3. Living arrangements.

a. Address of the incapacitated person was:

b. The incapacitated person's residence was:

_____ own home/apartment

_____ nursing home

_____ boarding home/personal care home

_____ guardian's home/apartment

_____ hospital or medical facility

_____ relative's home _____
(Name and relationship)

_____ other: _____ (describe)

c. The incapacitated person had been in the residence since _____. If the incapacitated person was moved within the past year, state change and reason(s) for change:

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

4. The major medical or mental problems of the incapacitated person 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 _____.

(State number of hours/minutes, etc.)

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: _____

Signature of Guardian

*** FILING FEE \$15 MUST ACCOMPANY THIS FILING.**