| SUPREME COURT OF THE STATE OF NEW COUNTY OF SUFFOLK  | YORK<br>I.A. Pa <u>rt</u>   |
|--|---|
| IN THE MATTER OF ANNUAL REPORT OF  | Index No.:  |
| AS GUARDIAN OF THE PERSON AND PROPERTY OF  an Alleged Incapacitated Person.  | ANNUAL REPORT FOR 20  |
| I,, residing at, who was heretofore determined by the hereby make, render and file the following Annual Ann | , as Guardian for<br>is court to be an incapacitated person ("IP"), do<br>al Report.  |
| above-named person by Order of the Supreme C to act as such fiduciary since that date, giving a b in the sum of \$, pursuant to subseque   | ond in the original sum of \$,[nown nt orders,] which is still in force and effect with o change in the Surety thereon, and the Surety is I was given. [There has been no change in the |
| The following is a true and full accour 20   | nt of all receipts and disbursements for the year   |
| SUMMAR   | Y   |
| Schedule A - Principal on hand as of Date of<br>Appointment or Last Annual Report  | \$  |
| Schedule B - Changes to Principal  | \$  |
| Schedule C - Income Received   | \$  |
| Sub-Total  | \$  |
| Schedule D - Paid Dishursements  | \$  |

| Schedule E-1 - Balance of Cash and Securities to be Charged to Next Year's Account | \$     |
|--|--------|
| Schedule E-2 - Real Estate   | \$     |
| Schedule E-3 - All Other Personal Property   | \$<br> |
| Total Estate   | \$     |

# SCHEDULE A - PRINCIPAL ON HAND AS OF DATE OF APPOINTMENT OR LAST ANNUAL REPORT

SOURCE: Name and address AMOUNT (i.e., number of shares) of bank or financial institution

| TOTAL | OF SCHEDULE A | \$ |
|-------|---------------|----|
|       |               |    |

### SCHEDULE B - INCREASES OR DECREASES TO PRINCIPAL

(List additional property received, gain or loss on sale or liquidation of stocks or bonds, any net receipts from sale of realty (attach copy of closing statement), etc.)

| <u>SOURCE</u>       |    | <u>AMOUNT</u> |
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|                     |    |               |
| TOTAL OF SCHEDULE B | \$ |               |

#### SCHEDULE C - RECEIVED INCOME AND CASH INCREASES

(If any property listed in the last Report has been converted to cash, list here the amount received from the sale and attach an explanation. If the Guardian has used or employed the services of the IP, or if moneys have been earned by or received on behalf of the IP, state details and amounts here (See Par. 9, below)):

| SOURCE | <u>AMOUNT</u> |
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TOTAL OF SCHEDULE C

# SCHEDULE D - PAID DISBURSEMENTS

| PAID TO | AMOUNT |
|---------|--------|
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TOTAL OF SCHEDULE D \$\_\_\_\_\_

# SCHEDULE E-1 - BALANCE ON HAND AND OTHER PERSONAL AND REAL PROPERTY

| BANK ACCOUNTS, BROKERAGE ACCOUNTS, PERSONAL PROPERTY, SECURITIES       | <u>INVENTORY</u><br><u>VALUE</u>                      | MARKET<br>VALUE                                 |
|--|---|---|
| (List names of joint owners, if any, and their relationship to the IP) | (List values as of end of securities, list both inver | accounting period; for ntory and market values) |
|  |   |   |
|  |   |   |
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|  |   |   |
| TOTAL OF SCHEDULE E-1  | <b>\$</b>   | <b>\$</b>                                       |

#### **SCHEDULE E-2 - REAL ESTATE**

List all real estate owned in whole or in part by the IP. State location, assessed value, current market value, amount of mortgage (if any), and the weekly or monthly rental. If property is owned jointly, give names of joint owners and their relationship to the IP.

| LOCATION | ASSESSED<br><u>VALUE</u> | MARKET<br><u>VALUE</u> | MORTGAGE | RENTAL<br><u>INCOME</u> | JOINT<br><u>OWNERS</u> |
|----------|--------------------------|------------------------|----------|-------------------------|------------------------|
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#### **TOTAL OF SCHEDULE E-2**

| Assessed Value: \$ | Market Value: \$  |  |
|--------------------|-------------------|--|
|                    |                   |  |
| Mortgages: \$      | Rental Income: \$ |  |

# SCHEDULE E-3 - ALL OTHER PERSONAL PROPERTY

# **DESCRIPTION**

### INVENTORY/MARKET VALUE

TOTAL OF SCHEDULE E-3 \$\_\_\_\_\_

# SCHEDULE F - NAME AND ADDRESS OF SURETY

Attach a copy of the latest bond. Also, state and explain any changes in the bond, of the Surety thereon, or in the financial standing of the Surety.)

| NAME AND ADDRESS OF SURETY | AMOUNT<br>OF BOND | BOND NUMBER |
|----------------------------|-------------------|-------------|
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# **AS TO THE INCAPACITATED PERSON:**

| 1. State the age, date of birth and marital status of the Incapacitated Person.   |
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|   |
| 2. If any are living, list the name and present address of the spouse, children and siblings of the Incapacitated Person.   |
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| 3. State the present residence address and telephone number of the Guardian.  |
|   |
|   |
| 4. State the present residence address and telephone number of the Incapacitated Person. If the IF does not currently reside at her/his personal home, set forth the name, address and telephone number of the facility or place at which he/she resides, and the name of the chief executive officer of the facility or the person otherwise responsible for the care of the IP. |
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|   |

| 5. State whether there have been any changes in the physical or mental condition of th Incapacitated Person, and any substantial change in medication. |
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| 6. State the date and place the Incapacitated Person was last seen by a physician and the purpos of that visit.  |
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- 7. Attach a statement by a physician, psychologist, nurse clinician or social worker, or other qualified person who has evaluated or examined the Incapacitated Person within the three months prior to the filing of this report, setting forth an evaluation of the Incapacitated Person's condition and the current functional level of the Incapacitated Person.
- 8. If the Guardian has been charged with providing for the personal needs of the Incapacitated Person:
- (a) Attach a statement indicating whether the current residential setting is suitable to the current needs of the Incapacitated Person.
- (b) Attach a resume of any professional medical treatment given to the Incapacitated Person during the preceding year.
- (c) Attach the plan for medical, dental and mental health treatment and related services for the coming year.
- (d) Attach a resume of any other information concerning the social condition of the Incapacitated Person, including the social and personal services currently utilized by the Incapacitated Person and the social skills and needs of the Incapacitated Person.

| 9. State whether the whether moneys | 1 2 | 1    | · · · · · · · · · · · · · · · · · · · |
|-------------------------------------|-----|------|---------------------------------------|
| Provide details in                  | •   | 1    |                                       |
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|                                     |     | <br> |                                       |
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10. Attach a resume of any other pertinent facts about the care and maintenance of the Incapacitated Person, including the frequency of your visits; whether the Incapacitated Person has made a Will or executed a Power of Attorney; and any other information necessary for the proper administration of this matter.

| STATE OF NEW YORK   | )   |  |
|---|---|--|
| COUNTY OF   | ) ss.:<br>)   |  |
|   | , being duly sworn, says:   |  |
| contains, to the best of my know disbursements on account of property of said person which persons by my order or author and of the value of all such promanner in which I have dispositing of filing this Report; also investment made by me since | above-named Incapacitated Person. owledge and belief, a full and true st said Incapacitated Person; and of a have come into my hands or have rity since my appointment or since coperty, together with a full and true used of the same and of all property so a full and true description of the my appointment or since the filing in the Report to the prejudice of said | ratement of all my receipts and all money and other personal re been received by any other filing my last Annual Report e statement and account of the remaining in my hands at the ne amount and nature of each g of my last Report. I do not |
|   |   | Guardian   |
| Sworn to before me this   |   |  |
| day of, 20  |   |  |
| Notary Public   |   |  |