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IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF KING

In the Guardianship of: _____) Case No.: _____
)
) GUARDIAN'S REPORT AND
) ACCOUNTING
)
) (ANR)
An Incapacitated Person.

NOTICE: This Form is to be used if the estate has over \$80,000.00 in assets. If you need more room to answer any item, please attach an additional page.

1. Date of Appointment and Reporting Period: The Guardian was appointed on _____ . This Report covers the period from _____ through _____. The closing date for all reports is (*anniversary date of appointment*) _____, and the Guardian is required to file reports within 90 days of that date. The Guardian is to file a report every [] 12, [] 24, [] 36 months.

2. Continued Certification of Qualifications: The Guardian hereby certifies under penalty of perjury that they are over the age of eighteen, of sound mind, and has never been convicted of a felony or a misdemeanor involving moral turpitude, filed personal bankruptcy or been removed as a fiduciary in any proceeding for cause.
(Please explain the circumstances if any you do not meet any of the conditions above.)

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3. Scope of Guardianship: (Check all boxes that are appropriate.)

- Full Guardianship of the Person Full Guardianship of the Estate
- Limited Guardianship of the Person Limited Guardianship of the Estate
- The Incapacitated Person is a beneficiary of a Trust, which was approved by the Court or is subject to court supervision. The Trustee's name, address, and court case no. are:
_____.

4. Contact Information for Incapacitated Person, Guardian and Standby Guardian:

	Incapacitated Person	Guardian	Standby Guardian
Full Name:			
Mailing Address:			
City, State & Zip:			
Telephone Number:			
Fax Number:			
Email Address:			

5. Interested Parties: (List each person who has filed a Request for Special Notice of Proceedings and those whom the Court has designated to receive copies of reports.)

Name	Mailing Address	Relationship to Incapacitated Person

///
///
///

1 **6. Interested Governmental Agencies:** (Check all boxes that are appropriate.)

2 [] The Incapacitated Person is a veteran who has served in the United States Military.
3 Notice must be provided to the Department of Veteran Affairs, Henry M. Jackson Federal
4 Building, 915 Second Avenue, Seattle, WA 98174 fifteen days prior to filing this Report
5 with the Court.

6 [] The Incapacitated Person is receiving Medicaid long-term funded care from the
7 Department of Social and Health Services. Fees and costs of the guardian or the guardian's
8 attorney are being sought as an adjustment to the Incapacitated Person's amount of
9 participation. Notice must be provided to the Department of Social and Health Services
10 regional administrator of the program that is providing services to the Incapacitated Person
11 ten days prior to filing this Report with the Court.

12 **7. Personal Care Plan:** (To be filled out by all Guardians of the Person.)

13 **a. Status.** The Incapacitated Person is now _____ years of age.

14 [] The Guardian believes that the Incapacitated Person is receiving satisfactory care
15 OR

16 [] the Guardian has the following concerns for which a change is requested
17 _____.

18 **b. Change in Residence.** The following changes in residence of the Incapacitated
19 Person occurred during the reporting period: _____.

20 **c. Medical Condition.** The medical condition of the Incapacitated Person is (list all
21 disabilities and changes that occurred during the report period):
22 _____.

23 **d. Mental Condition.** The mental condition of the Incapacitated Person (list diagnosis,
24 if any, and changes that occurred during the report period):
25 _____.

26 **e. Changes in Incapacitated Person's Functional Ability.** A description of changes,
if any, in the functional abilities of the Incapacitated Person:
_____.

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f. Activities of the Guardian Taken on Behalf of the Incapacitated Person. The following is a description of the activities in which the Guardian has engaged for the benefit of the Incapacitated Person: _____.

g. Description of Recommended Changes in Scope of Authority of Guardian. The scope of authority of the Guardian
[] remains the same, OR
[] should be changed as follows: _____.

h. Names of Professionals Who Have Aided the Incapacitated Person. The following professionals have assisted the Incapacitated Person during the period covered by this report: _____.

i. Guardian's Plan for Future Care. The Guardian's care plan, [] remains the same, OR [] is changed as follows: _____.

8. Estate Information:*(To be filled out by all Guardians of the Estate. If you serve as Guardian of the person only, you do not have to complete the following section. Please make sure that you have signed where indicated below.)*

a. Benefits Received. The Guardian receives the following benefits on behalf of the Incapacitated Person: [] SSDI/SSA; [] SSI; [] Medicaid; [] Medicare; [] Copes; [] TANF; [] HUD; [] Food Stamps; [] GAU; [] Public Assistance; [] VA; [] CSA; [] Other--Specify: _____.

b. Bond/Blocked Accounts. There is \$_____ in unblocked accounts and \$_____ in blocked financial accounts. The Guardianship bond issued by _____ identified by bond number _____, and is in the amount of \$_____.

///
///
///

1 **Total Assets at Market Value as of the beginning of review period \$ _____.**

Income Received from All Sources <i>(Do not include new assets purchased)</i>	CURRENT MONTHLY BENEFIT	TOTAL RECEIVED
Wages & Benefits:		
Wages	\$	
Social Security	\$	
Retirement Benefit	\$	
Disability	\$	
Health Insurance Benefits	\$	
Other (Specify):	\$	\$

Interest & Dividends: <i>(List account and amount received)</i>		
	\$	
	\$	
	\$	
	\$	\$

Other Receipts: <i>(List source and amount received)</i>		
	\$	
	\$	
	\$	
	\$	\$

14 **Total Income:** \$ _____

Disbursements and Outgoing Payments	TOTAL
Personal Living Expenses:	
Housing/Facility/Rent	\$
Companion/Attendant Care	\$
Food and Groceries	\$
Incidentals/Clothing	\$
Utilities	\$
Phone/Cable	\$
Insurance	\$
Personal Allowance	\$
Auto and Transportation	\$
Other (Specify):	\$

Healthcare Expenses:	
Medical/Dental	\$
Pharmaceutical	\$
Medical Transportation	\$
Health Insurance	\$
Outside Case Management Fees	\$
Other (Specify):	\$

Guardian and Trustee Fees:	
Guardian Fees	\$
Trustee Fees	\$

Professional Fees Paid to Others:	
Guardian ad Litem Fees	\$
Attorney Fees: for Guardian	\$
Attorney Fees: for	\$
Asset Management Fees	\$
Bond Premium	\$
Medical Claims Assistance	\$
Accountant/Tax Preparation Fees	\$
Other (Specify):	\$

Residential Real Property Expenses:	
Maintenance & Repair	\$
Homeowners/Co-op Dues	\$
Property Taxes	\$
Mortgage	\$
Insurance	\$
Other (Specify):	\$

Investment Property Expenses:	
	\$

Other Expenses:	
Employment Tax	
Income Tax Payments	\$
Costs Advanced	\$
Bank/Service Fees	\$
Other (Specify):	\$
	\$

Total Disbursements: \$ _____

Adjustments to Market Value of Estate:	
Addition of Assets/(Liabilities) Not Previously Reported <i>(Do not use this section for assets purchased)</i>	
	\$
	\$

Deletion or Reduction in Value (Assets)/Liabilities: <i>(Listed on previous accounting)</i>	
	\$
	\$

1	Gifts Received/(Made):	Date of Court Order Authorizing	
2			\$
3			\$

4	Net Gains/(Losses) from Sales of Assets:		
			\$
			\$

5	Unrealized Gains/(Losses)		
6	Increase/(decrease) in unrealized gain on securities		\$
7	Increase/(decrease) in market value of real property		\$
	Increase/(decrease) in market value of personal property		\$
	Other Adjustments (Specify)		\$

8 **Total Adjustments to Market Value of Estate:** \$ _____

9 **Ending Balance at Market Value, as of (mm/dd/yyyy) _____:** \$ _____

10 **8. Balance Sheet for the Guardianship/Trust Estate**

11 **ASSETS:**

12 Description:	Cost Basis at	Market Value at	Market Value at
	End of Accounting:	Start of Accounting:	End of Accounting:
13 Accounting:	Date:	Date:	Date:

14	Real Property:			
15		\$	\$	\$
16		\$	\$	\$

17	Receivables: <i>(Mortgages, Liens, Notes payable to the Incapacitated Person, the Estate, or Trust)</i>			
18		\$	\$	\$
		\$	\$	\$

19	Blocked Liquid Assets: <i>(Investment Accounts, Stocks, Bonds, Securities, IRA, Cash in Court Blocked Accounts)</i>			
20		\$	\$	\$
21		\$	\$	\$
		\$	\$	\$

22	Unblocked Liquid Assets: <i>(Investment Accounts, Stocks, Bonds, Securities, IRA, Cash)</i>			
23		\$	\$	\$
24		\$	\$	\$
		\$	\$	\$

1 **Personal and Other Property:** (*Household Goods, Vehicles, Burial Plots, funeral Plans,*
2 *Life Insurance*)

3		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

4	Total Assets:	\$	\$	\$
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5 **LIABILITIES:**

6		\$	\$	\$
		\$	\$	\$

8	Total Liabilities:	\$	\$	\$
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9 I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE
10 STATE OF WASHINGTON THAT TO THE BEST OF MY KNOWLEDGE THE
11 STATEMENTS IN THIS GUARDIAN'S REPORT AND ACCOUNTING AND ALL
12 ATTACHMENTS HERETO ARE TRUE AND CORRECT.

13 Signed at _____, Washington, _____, ____200__.

14 _____
Signature

_____ Printed Name

15 _____
Address

_____ Telephone/Fax Number

16 _____
City, State, Zip Code

_____ Email Address