

SAMPLE GUARDIANSHIP FORMS

Annual Forms

<u>Form Number</u>	<u>Form Title</u>
WPF GDN 05.0700	Periodic Personal Care Plan
SPO GDN 02.0330	Order Approving Personal Care Plan (Periodic Care Plan)
SPO GDN 02.0290	Guardian's Report, Accounting, and Proposed Budget
SPO GDN 02.0291	Accounting Summary Form #1 – General Purpose (estates in excess of \$80,000 in liquid assets and/or real estate)
SPO GDN 02.0292	Accounting Summary Form #2 – Short Form (estates less than \$80,000 in liquid assets and no real estate)
SPO GDN 02.0294	Order Approving Guardian's Report, Accounting and Budget

**Superior Court of Washington
County of Spokane**

In the Guardianship of:

Susan Silverman,
Incapacitated Person

No. 07-4-00000-0

**Periodic Personal Care Plan
(PCP)**

The Full Limited Guardian of the Person, respectfully submits the following Personal Care Plan:

1. Custody and Residence of Incapacitated Person

The Incapacitated Person is now 51 years of age. He/She presently resides at (name of facility, if applicable, and address): Beehive Adult Family Home, 11423 E Knox, Spokane WA 99216. The Guardian believes that he/she is receiving satisfactory care, and should continue to reside there.

2. Description of Services or Programs Incapacitated Person Receives

The Incapacitated Person receives the following services or programs: Ms. Silverman receives services from DSHS, Gentiva Health Care, Dr. James Jones and Dr. Katherine McManus. She continues to receive 24-hour supervision and assistance with her activities of daily living including monitoring health issues and medications. She looks forward to her job, PACE classes and the day program at The Arc of Spokane.

3. Physical and Medical Status and Need of Incapacitated Person

The physical and medical status and needs of the Incapacitated Person are as follows: Ms. Silverman has been diagnosed with mild mental retardation along with Downs Syndrome. She wears glasses and has some speech impairment. She had cataract surgery in June 2007 and is doing well. She takes several medications, but is sometimes reluctant to take them. She attends regular medical and dental appointments.

4. Mental and Emotional Status of Incapacitated Person

The mental and emotional status of the Incapacitated Person is as follows: Ms. Silverman sometimes worries, becomes anxious, can be irritable at times and seeks reassurance from staff. She enjoys her home, roommates, job, activities and spending time with the family.

5. Description of Functional Abilities of the Incapacitated Person

The following is a description of the Incapacitated Person's abilities to perform and/or assist in the activities of daily living. Ms. Silverman needs some assistance with most daily living skills and sometimes needs verbal prompts to dress in a timely manner. She enjoys her job and has a good working relationship with her job coach and works well with her peers. She continues to participate in PACE classes, The Arc of Spokane Day Program and Special Olympics . In September she went on a vacation to Disneyland and to visit her sister in California.

6. Guardian's Specific Plan for Meeting the Identified and Emerging Personal Care Needs of the Incapacitated Person

The Guardian's specific plan for meeting the identified and emerging personal care needs of the Incapacitated Person is as follows: As guardian, I plan to continue to monitor Ms. Silverman's needs and care with staff and regular visits at her adult family home, participate in Individual Service Plan meetings, and attend medical and dental appointments. I also plan to continue to spend time with Susan in our home as she enjoys spending some weekends, birthdays, and holidays with us.

7. Contact Information for Facility or Home of Incapacitated Person, Guardian and Standby Guardian

	Facility/Home Contact	Guardian	Standby Guardian
Full Name	Bob Urich	Mary A. Smith	James P. Smith
Mailing Address	11423 E Knox	3647 E 36 th Ave	3647 E 36 th Ave
City, State, Zip	Spokane WA 99216	Spokane WA 99203	Spokane WA 99203
*Telephone Number	(509) 999-9999	(509) 926-9999	(509) 926-9999

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed at (city) Spokane, (state) Washington on (date) 3/9/08.

Mary A. Smith
Signature of Guardian

Mary A. Smith
Print Name of Guardian [] WSBA No. [] CPG#

3647 E 36th Ave
Address

Spokane WA 99203
City, State, Zip Code

(509)926-9999
*Telephone/Fax Number

Email Address

***If you do not want your personal phone number on this public form, you may list your telephone number on a separate form which may be available to parties and the court, as well as its staff and volunteers, but will not be made available to the public. Use Form WPF GDN 03.0100, Guardianship Confidential Information form (Telephone Numbers), for this purpose.**

Note: Do not attach records produced and signed by a health care provider to this form.

Superior Court of Washington
County of Spokane

In the Guardianship of:

Susan Silverman

Incapacitated Person

No. 07-4-0000-0

**Order Approving Personal Care
Plan
(ORAPRT)**

Initial **Periodic**

Clerk's Action Required

Guardianship Summary

Due Dates

Date Guardian Appointed: 1/12/07

Date Letters of Guardianship Expire: 5/12/10

Due Date for Periodic Personal Care Plan (GP): 4/12/10

Guardian/Incapacitated Person

- Certified Professional Guardian
 Non-Professional Guardian (Training Required)
 Full Limited Estate
 Full Limited [Person

Relationship to Incapacitated Person **Daughter**

	Incapacitated Person (include facility contact)	Guardian
Full Name	Bob Urich	Mary A. Smith
Mailing Address	11423 E Knox	3647 E. 36th Ave
City, State, Zip	Spokane, WA 99216	Spokane, WA 99203
*Telephone	(509) 999-9999	(509)926-9999

Number		
Facsimile		
Email		
Other Interested Parties		
	Interested Party	Interested Party
Full Name	Bob Smith	Howard Spencer
Mailing Address	1700 Grand Blvd	1012 N Monroe
City, State, Zip	Spokane, WA 99205	Spokane, WA 99205
*Telephone Number	See Confidential Sheet	(509) 926-1234
Facsimile		
Email		
Relation to Incapacitated Person	Brother	Son

Based upon the petition of the Guardian of the Person and the documents filed with the petition, *the court makes the following:*

I. FINDINGS OF FACT

The Personal Care Plan includes all of the facts necessary to give the court jurisdiction over this matter. No notice is required for the hearing on the report.

Based upon the foregoing Findings of Facts, the Court now, therefore makes the following:

II. CONCLUSIONS OF LAW

The Initial Personal Care Plan Periodic Personal Care Plan should be approved.

III. ORDER

The Initial Personal Care Plan Periodic Personal Care Plan is approved.

The Clerk of the Court shall reissue letters of guardianship expiring on **5/12/09**. All prior letters of guardianship have expired.

The guardian shall cooperate with the Superior Court Guardianship Monitoring Program by providing to the program's designee access to the incapacitated person for in-home visits and

access to any information, available to the guardian, including medical records, relating to the incapacitated person.

Dated _____.

Judge/Court Commissioner

Presented by:

Mary A. Smith

Signature of Guardian/Attorney

Mary A. Smith

Print Name of Guardian/Attorney WSBA CPG#

3647 E 36th Ave

Address

Spokane, WA 99203

City, State, Zip Code

(509) 926-9999

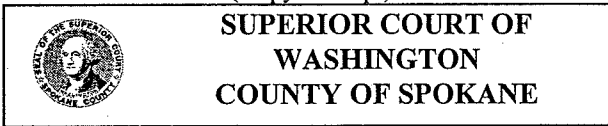
*Telephone/Fax Number

Email Address

***If you do not want your personal phone number on this public form, you may list your telephone number on a separate form which may be available to parties and the court, as well as its staff and volunteers, but will not be made available to the public. Use Form WPF GDN 03.0100, Guardianship Confidential Information form (Telephone Numbers), for this purpose.**

(Copy Receipt)

(Clerk's Date Stamp)



**SUPERIOR COURT OF
WASHINGTON
COUNTY OF SPOKANE**

In re the Guardianship of:

Susan Silverman
An Incapacitated Person

CASE NO. **07-4-00000-0**

GUARDIAN'S REPORT, ACCOUNTING,
AND PROPOSED BUDGET

(ANR)

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 1/12/07.

This report covers the period from 1/12/07 through 1/31/08. The closing date for all reports is 1/31 (the **ending date** of the last reporting period) 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. 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 number are:

N/A.

3. Contact Information for Facility/Home of Incapacitated Person, Guardian and Standby Guardian:

	Incapacitated Person	Guardian	Standby Guardian
Full Name	<u>Susan Silverman</u>	<u>Mary A Smith</u>	<u>James P Smith</u>
Mailing Address	<u>11423 E Knox</u>	<u>3647 E 36th Ave</u>	<u>3647 E 36th Ave</u>
City, State & Zip	<u>Spokane WA 99216</u>	<u>Spokane WA 99203</u>	<u>Spokane WA 99203</u>
*Telephone Number	<u>(509) 999-9999</u>	<u>(509) 926-9999</u>	<u>(509) 926-9999</u>
Email Address	_____	_____	_____

4. 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

5. Interested Governmental Agencies: *[Check each box that is applicable.]*

The Incapacitated Person is a veteran who has served in the United States Military. Notice must be provided to: The Department of Veteran Affairs, Henry M. Jackson Federal Building, 915 Second Avenue, Seattle, WA 98174.

6. 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: **Part time Employment**

7. **Inventory.** An inventory of all property of the Incapacitated Person's estate at the commencement of the Guardianship is, or is not on file herein. An updated inventory is contained in this Report.
8. **Periodic Personal Care Plan.** [To be filled out by all Guardians of the Person.]
- a. **Status.** The Incapacitated Person is now 51 years of age.
The Guardian believes that the Incapacitated Person is receiving satisfactory care
OR the Guardian has the following concerns for which a change is requested _____.
- b. **Change in Residence.** The following changes in residence of the Incapacitated Person occurred during the report period: Ms. Silverman continues to reside at BeeHive Adult Family Home, 11423 E Knox, Spokane WA 99216.
- c. **Medical Condition.** The physical and medical condition of the Incapacitated Person are as follows: Ms. Silverman has mild mental retardation along with Downs Syndrome. She wears glasses and still has a speech impairment. She had gall bladder surgery in July and is doing well. She attends regular medical and dental appointments.
- d. **Mental Condition.** The mental and emotional condition of the Incapacitated Person are: Ms. Silverman sometimes becomes anxious and can be irritable at times and seeks reassurance from staff. She continues to enjoy her home, roommates, job and activities spending time with the family.
- e. **Description of Incapacitated Person's Functional Ability.** Following is a description of the functional abilities of the Incapacitated Person: Ms. Silverman continues to need verbal prompts to dress and with other daily living skills. She continues to participate in The Arc of Spokane Day Program, PACE classes, Special Olympics and working.
- 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: Monitored Ms. Silverman's needs and health

concerns with staff and regular visits at the adult family home, participated in Individual Service Plan Meetings, attended medical and dental appointments, managed finances and spent time with Susan in or home as she enjoys spending time with the family especially birthdays and holidays.

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: Dr. James Jones, MD; Katherine McManus, Therapist.

i. **Guardian's Plan for Future Care.** The Guardian's care plan, remains the same, OR is changed as follows: Prepare Ms. Silverman's home for sale and list with a real estate company.

9. **Proposed Budget:** The Guardian of the Estate/Trustee seeks authority to make expenditures for the Incapacitated Person or beneficiary according to the proposed budget attached.

10. Security for Estate Assets:

a. Guardian/Trustee's Bond: The Court now requires a bond in the amount of:	\$0
b. Total balance in blocked accounts at end of review period:	\$0
c. Total balance unblocked at end of review period:	\$4,661.38
d. The bond should: <input checked="" type="checkbox"/> remain the same; OR <input type="checkbox"/> be changed to	\$

11. **Fees:** If Guardian and/or attorney fees are requested, attach or submit a separate, itemized fee declaration which describes the specific services rendered, the time required, the rate of compensation, and the out-of-pocket costs incurred:

Guardian \$0 Administrative Costs (Medicaid cases only) \$_____

Attorney \$0 Accountant \$0

The Guardian also seeks authorization for monthly advance of fees during the next reporting period and up to 90 days thereafter in the amount of \$0 per month.

12. Court Approval: The guardian petitions the Court for approval of this Report, Accounting and Proposed Budget.

13. THE GUARDIAN OF THE ESTATE MUST COMPLETE AND ATTACH ONE OF THE FOLLOWING FORMS (check the appropriate box):

- ACCOUNTING SUMMARY FORM #1 – GENERAL PURPOSE FOR NON-PROFESSIONAL GUARDIANS (Estates in excess of \$80,000.00 in liquid assets and/or real estate)**
- ACCOUNTING SUMMARY FORM #2 – SHORT FORM (Estates less than \$80,000.00 in liquid assets and no real estate)**
- ACCOUNTING SUMMARY FORM #3 – FOR PROFESSIONAL GUARDIANS AND TRUSTEES (Estates in excess of \$80,000.00 in liquid assets and/or real estate)**
- SOCIAL SECURITY REPRESENTATIVE PAYEE REPORT – FOR NON-PROFESSIONAL GUARDIANS (Estates with SSI, SSA (retirement) or SSD (disability) as only source of income and an estate less than \$2,000.) MUST HAVE PRIOR COURT APPROVAL. (The Social Security Representative Payee Report is a financial source document. File it with Form #S1-Sealed Confidential Guardianship Document Cover Sheet in the confidential file.)**

***Under GR 22 (b) (6), parties' personal telephone number(s) are confidential information. If you do not want your personal phone number(s) on this public form, complete form #S2-Sealed Confidential Information and file in the confidential file.**

DO NOT ATTACH RECORDS PRODUCED AND SIGNED BY A HEALTH CARE PROVIDER TO THIS FORM.

**ACCOUNTING SUMMARY FORM #1 – GENERAL PURPOSE
FOR NON-PROFESSIONAL GUARDIANS
(Estates in excess of \$80,000.00 in liquid assets and/or real estate)**

14. Estate Information

For Accounting Period starting 1/12/07 and ending 1/31/08.

Description and last four digits of account #	Value at Beginning of Accounting: Date: <u>1/12/07</u>	Value at End of Accounting: Date: <u>1/31/08</u>	Difference
Real Estate			
11423 E Knox, Spokane WA 99216	\$86,900.00	\$88,900.00	\$2,000.00
Bank and Investment Accounts (include financial institution and last four digits of account # only)			
Inland NW Bank, Checking, 9745	\$5,989.69	\$3,914.45	(\$2,075.24)
Money Owed TO the Incapacitated Person (Mortgages, Contracts, Promissory Notes Payable to the Incapacitated Person)			
Furniture, Vehicles, Boats, and Other Personal Property			
Personal Property	\$750.00	\$675.00	(\$75.00)
15. Total Value of Assets	\$96,639.69	\$93,489.45	(\$150.24)

Liabilities (List all debts or obligations of the Incapacitated Person and the Estate)			
U.S. Bank (Mortgage)	\$23,114.69	\$21,099.14	(\$2,015.55)
16. Total of Liabilities	\$23,114.69	\$21,099.14	(\$2,015.55)
17. Net Totals (Item 15 minus Item 16)	\$70,525.00	\$72,390.31	(\$1,865.31)

SET FORTH TOTAL FIGURES FOR ENTIRE ACCOUNTING PERIOD. DO NOT USE MONTHLY FIGURES.

18. Income Received From All Sources During the Reporting Period

	Current Monthly Benefit	Total Received
a. Wages	\$200.00	\$2,400.00
b. Social Security	\$729.00	\$8,748.00
c. Retirement Benefits	\$	\$
d. Disability	\$	\$
e. Health Insurance Benefits	\$	\$
f. Other Monthly Income	\$	\$
g. Gain on Sale of Asset: Asset: Asset:	\$	\$
h. Interest on Certificate(s) of Deposit	\$	\$
i. Income on Mutual Funds	\$16.00 varies	\$189.33
j. Savings Account Interest	\$	\$
k. Money Market/Checking Account Income	\$	\$
l. From Trust or Spousal Maintenance	\$	\$
m. Adjustment for Increase in Value of:	\$	\$
n. Adjustment for Increase in Value of:	\$	\$2,000.00
o. Other:	\$	\$
19. Total Income	\$945.00	\$13,337.33

20. Disbursements and Outgoing Payments

Personal Living Expenses	
a. Housing (Rent/Mortgage) at:	\$4,428.00
b. Heat/Lighting/Water/Sewer/Cable/Telephone	\$618.40
c. Household Maintenance	\$575.63
d. Food and Household Supplies	\$1,863.49
e. Clothing	\$401.50
f. Personal Care and Services (Other than Medical Attendants)	\$
g. Insurance for:	\$
h. Allowance or Money Given Directly to Incapacitated Person	\$
i. Auto and Transportation	\$258.00
j. Travel	\$187.00
k. Other:	\$
Healthcare Expenses	
l. Health Insurance Premium	\$1,180.00
m. Doctor Fees	\$
n. Hospital and Health Care Providers	\$
o. Prescription and Pharmacy	\$83.39
p. Medical Transportation	\$
q. Visiting Nurse/Companion Services	\$
r. Other:	\$
Professional Fees	
s. Guardian Fees	\$1,200.00
t. Attorney Fees for Guardian	\$
u. Attorney Fees for Petitioner	\$
v. Guardian ad Litem Fees and Costs	\$
w. Trustee Fees	\$
x. Bond Premium	\$130.00
y. In-Home Services	\$
z. Accounting Fees	\$
aa. Other:	\$
Other Expenses	
bb. Subscriptions	\$
cc. Bank Charges	\$
dd. Federal Income Tax	\$
ee. Gifts	\$
ff. Adjustments for Decrease in Value of:	\$75.00
gg. Adjustments for Decrease in Value of:	\$
hh. Other:	\$
21. Total Disbursements Outgoing From Incapacitated Person's Estate	\$11,000.41

22. Net Total of Income and Disbursements (Item 19 minus Item 21)	\$2,336.92
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Supporting Documents: Cancelled checks, (if not available, copies or images of cancelled checks or copies of check registers), monthly bank statements, brokerage statements, and an itemized list of all transactions **must be included** for each account for the reporting period to support the declarations made in this report. The supporting documents must be submitted to the Guardianship Monitoring Program Office with **a copy** of this report. **Do not** file the supporting documentation in the court legal file.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that to the best of my knowledge the statements in this Guardian's Report, Accounting, and Proposed Budget and attached Accounting Summary are true and correct and hereby petition the Court for approval.

SIGNED AT SPOKANE, WASHINGTON THIS 2nd DAY OF APRIL, 2009.

Mary A. Smith

 Signature of Guardian
 3647 E 36th Ave

Mary A. Smith
 Printed Name of Guardian, WSBA/CPG#
 Spokane WA 99203

 Address
 (509) 926-9999

City, State, Zip Code

*Telephone/Fax Number

 Email Address

***Under GR 22 (b) (6), parties' personal telephone number(s) are confidential information. If you do not want your personal phone number(s) on this public form, complete form #S2-Sealed Confidential Information and file in the confidential file.**

ACCOUNTING SUMMARY FORM #2 – SHORT FORM
(Estates less than \$80,000.00 in liquid assets and no real estate)

14. Estate Information

For Accounting Period starting 1/12/07 and ending 1/31/08.

15. Total Assets at Market Value as of the beginning of review period \$1,739.69.

SET FORTH TOTAL FIGURES FOR ENTIRE ACCOUNTING PERIOD. DO NOT USE MONTHLY FIGURES.

Income:	
Social Security (SSA)	\$
SSI	\$6,600.00
VA/Railroad/CSA Pension	\$
Retirement Pension	\$
Wages	\$600.00
Interest and Dividends	\$
Other	\$

16. Total Income:

\$7,200.00

Disbursements:	
Room and Board (Rent, Nursing Home, Family Home)	\$5,400.00
Personal Funds	\$1,200.00
Entertainment & Travel	\$
Transportation (mileage, bus pass, taxi scrip, etc.)	\$
Medical and Dental	\$
Guardian Fees (if allowed)	\$
Attorney Fees	\$
Other: Clothing	\$400.00

17. Total Disbursements:

\$7,000.00

18. Adjustments

(Net gain/loss in value of assets over accounting period) \$0

19. Total Assets (as of closing date of accounting period) **\$1,939.69**

(Line 15, plus Line 16, minus Line 17 plus or minus Line 18 should equal Line 19. If it does not, your account does not balance. The account must balance to be approved by the Court.)

20. Explanation (for any large or unusual expenditures, adjustments, or purchases)

21. Asset List as of accounting period ending date stated on Line 14 above. List all financial accounts and include the type of account, last four digits of account number, financial institution or company name. You may use the figures from the last statement received from a financial institution or company corresponding to the date of the accounting period.

Financial Institution	Type of Account	Acct # (last 4 digits only)	Balance/Market Value
Inland NW Bank	Checking	9745	\$1,264.69
			\$
			\$
Other Assets:	Description		Value
Personal Property			\$675.00
			\$

TOTAL: (This total should equal line 19.) **\$1,939.69**

Supporting Documents: Cancelled checks, (if not available, copies or images of cancelled checks or copies of check registers), monthly bank statements, brokerage statements, and an itemized list of all transactions **must be included** for each account for the reporting period to support the declarations made in this report. The supporting documents must be submitted to the Guardianship Monitoring Program Office with **a copy** of this report. **Do not** file the supporting documentation in the court legal file.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that to the best of my knowledge the statements in this Guardian's Report, Accounting, and Proposed Budget and attached Accounting Summary are true and correct and hereby petition the Court for approval.

SIGNED AT Spokane, WASHINGTON THIS 2nd DAY OF April, 2008.

Mary A. Smith

Signature of Guardian

Mary A. Smith

Printed Name of Guardian, WSBA/CPG#

3647 E 36th Ave

Address

Spokane WA 99203

City, State, Zip Code

(509) 926-9999

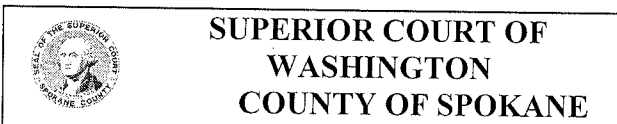
*Telephone/Fax Number

Email Address

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(Copy Receipt)

(Clerk's Date Stamp)



In the Guardianship of:

Susan Silverman

An Incapacitated Person

CASE NO. **07-4-00000-0**

ORDER APPROVING GUARDIAN'S
REPORT, ACCOUNTING AND BUDGET

(Clerk's Action Required) (ORAPRT)

Guardianship Summary

Due Dates

Date Guardian Appointed 1/12/07

Date Letters of Guardianship Expire 5/12/09

Due Date for Report and Accounting (GE) 4/12/09

Guardian/Incapacitated Person

- Certified Professional Guardian
- Non-Professional Guardian (Training Required)
- Full Limited Estate
- Full Limited Person

Relationship to Incapacitated Person Daughter

	Incapacitated Person (include facility contact)	Guardian
Full Name	Bob Urich	Mary A. Smith
Mailing Address	11423 E Knox	3647 E 36 th Ave
City, State, Zip	Spokane, WA 99216	Spokane, WA 99203
*Telephone Number	(509) 999-9999	(509) 926-9999
Facsimile		

Email		
Other Interested Parties		
	Interested Party	Interested Party
Full Name	Bob Smith	Howard Spencer
Mailing Address	1700 Grand Blvd	1012 N Monroe
City, State, Zip	Spokane, WA 99205	Spokane, WA 99206
*Telephone Number	See Confidential Sheet	(509) 926-1234
Facsimile		
Email		
Relation to Incapacitated Person	Brother	Son

Having reviewed the Guardian's Report, Accounting, and Budget the Court now orders:

1. The Guardian's Report, Accounting, and Budget is approved;
2. The Guardian shall provide the next Report and Accounting for the 12, 24 or 36 month period from 1/31/2008 (the **ending date** of the last reporting period); and the Report, Accounting, and Proposed Budget shall be presented to the Court for review and approval **within** 90 days following the conclusion of that reporting period;
3. The Guardian fees of \$0, attorney fees of \$0, and administrative costs (DSHS cases only) of \$0 payable during the period covered in this report are hereby approved. The Guardian fees of \$_____ per month, subject to court approval, are found to be reasonable and necessary. Above fees are approved for payment from the guardianship estate assets OR as a monthly deduction from the incapacitated person's participation in the DSHS cost of care per WAC 388.71. The monthly deduction from the participation in cost of care is authorized for the next 12 month reporting period and ninety days thereafter from the date of this order, to _____, 20____.
4. Bond remains the same or is changed to \$_____; and
5. The Clerk of the Court shall reissue letters of guardianship expiring on 5/12/09. All prior letters of guardianship have expired.
6. The guardian shall cooperate with the Superior Court Guardianship Monitoring Program by providing to the program's designee access to the incapacitated person for in-home visits and

access to any information, available to the guardian, including medical records, relating to the incapacitated person.

7. Other: _____

DATED AND SIGNED IN OPEN COURT THIS _____ DAY OF _____, 20__.

Judge/Court Commissioner

Mary A. Smith

Signature of Guardian/Attorney

3647 E 36th Ave

Address

(509) 926-9999

Mary A. Smith

Mary A Smith

Printed Name of Guardian/Attorney,

WSBA/CPG#

Spokane WA 99203

City, State, Zip Code

Mary A Smith

***Under GR 22 (b) (6), parties' personal telephone number(s) are confidential information. If you do not want your personal phone number(s) on this public form, complete form #S2-Sealed Confidential Information and file in the confidential file.**