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 <p>SUPERIOR COURT OF WASHINGTON COUNTY OF SPOKANE</p>
<p>In the Guardianship/Conservatorship of:</p> <p>Respondent / Individual</p>

CASE NO.

NOTICE OF FILING:

Guardian/Conservator's Report,

- 12-Month Report (ANR12)**
- 24-Month Report (ANR24)**
- 36-Month Report (ANR36)**
- Final Report (RPT)**

Guardian/Conservator's Report

Instructions:

This report has 4 sections.

All Guardian/conservators must complete sections A and D.

If you are a Guardian, you must also complete section B.

If you are a Conservator or a Guardian that handles assets, you must also complete section C.

(Some courts may allow you to submit a copy of the Social Security representative payee form instead of completing section C, IF the individual's estate is no more than \$2000 and the only source of income is SSI, SSA [Social Security Retirement], and/or SSD [Social Security Disability].)

If you are both a Guardian and Conservator, you must complete sections A, B, C & D of this document.

If you need more room to complete any section, attach additional pages.

Scope of Guardianship/Conservatorship

- Full OR Limited – Guardianship
- Full OR Limited – Conservatorship

General Information

Section A – Completed by all Guardians/Conservators

1. Identity of Guardian/Conservator and Individual Subject to Guardianship/Conservatorship

	Individual	Guardian/Conservator
Full Name		
Mailing Address		
City & State		
Zip Code		
*Telephone		
*Fax Number		
Email		
Age		

2. Date of Appointment and Reporting Period

The Guardian/Conservator was appointed on (*date*)_____.

The last report of the Guardian/Conservator was approved by the court on (*date*)_. This report covers the period from _____ through _____.

The closing date for all reports is (*anniversary of appointment date*)_____, and the Guardian/Conservator is required to file reports within 90 days of that date. The Guardian/Conservator is to file a report every 12, 24, 36 months.

3. Reporting Period Criteria

(*Check all that apply and describe*)

Allegation of fraud abuse, neglect, or breach of fiduciary duty:_____

Untimely reports:_____

Monitored by other state and local agencies:_____

4. Notice Parties

(List each person who has a right to receive notice.)

Name	Mailing Address	Relationship to Individual

5. Interested Governmental Agencies (Check each box that is applicable.)

- The individual is a veteran of the United States Military who is receiving or has received veteran’s benefits and the Guardian of the estate manages those veteran’s benefits. Notice must be provided at least 15 days before the hearing to: The Department of Veteran’s Affairs: WAREA Fiduciary Hub, VA Fiduciary Intake Center, PO Box 95211, Lakeland, FL 33805-95211 (Check www.va.gov to verify the address is current.) (RCW 73.36.020).
- The individual is a Medicaid client of the Department of Social and Health Services (DSHS) who (1) pays Guardian’s fees; and (2) is required to contribute to the cost of his or her care in a nursing home or other similar facility.
- Other:

6. Benefits Received

The Guardian/Conservator receives the following monthly benefits on behalf of the Individual, in the following amounts:

SSDI/SSA: \$ _____; Medicaid \$ _____;

SSI: \$ _____; Medicare \$ _____

GAU: \$ _____; COPES \$ _____;

VA Pension: \$ _____; TANF \$ _____;

L&I Benefits: \$ _____; HUD \$ _____;

Food Stamps \$ _____; DDA \$ _____.

Other – Specify: _____

- The individual is a beneficiary of a trust that reports to the court does not report to the court. The Trustee’s name, address, and court case number (if applicable) are: _____

7. Inventory

An inventory of all property of the Individual at the commencement of the Conservatorship [] is **or** [] is not on file herein.

8. Bond and Blocked Accounts

There [] is **or** [] is not currently a bond in place in the amount of \$_____ (Bond No.: _____).

The total assets in blocked accounts is \$_____.

The total assets in unblocked accounts is \$_____.

The bond should [] remain **or** [] should be changed to \$_____.

Assets in excess of the bond amount should be restricted (i.e. blocked) and should be subject to a Receipt of Funds into Blocked Financial Account, form GDN ALL 006, on file with the court.

[] This is a final report the blocked account should be unblocked.

9. Guardian/Conservator Fees

The Guardian/Conservator is requesting approval of fees and costs in the amount of \$_____ for the period of _____ through _____. The Guardian/Conservator was authorized to receive a monthly advance in the amount of \$_____. The Guardian/Conservator [] has or [] has not received payments in the amount of \$_____ during this accounting period for their services. The Guardian/Conservator has attached to this report (or has filed with this report) a separate itemized fee declaration that describes in detail: the services rendered, the time period that services were provided, the time required to provide the services, the requested rate of compensation, and the out of pocket costs incurred. The Guardian/Conservator is requesting that the amount of \$_____ be disbursed from the individual's assets.

10. Attorney Fees

The Guardian/Conservator has retained the services of the Law Offices of _____ and is requesting that fees and costs in the amount of \$_____ for the time period of _____ through _____ be paid from guardianship assets. Attached in this report (or filed herewith) is an itemized fee declaration that describes the legal services provided.

11. Guardian/Conservator's Monthly Allowance

The guardian/conservator is requesting a monthly allowance for ongoing: (a) Guardian/conservator fees and costs and (b) attorney fees and costs for services already performed. The amount of guardian/conservator fees and costs and attorney fees and costs for services performed for the previous accounting period totaled \$_____. This is a monthly average of \$_____. The actual monthly allowance that the guardian/conservator received during the previous accounting period was \$. The guardian/conservator now requests a monthly allowance of \$_____. This allowance (paid monthly) would be considered an "advance" on the fees and costs billed by the guardian/conservator, or its attorney, for services already performed. However, the total fees and costs billed (notwithstanding the allowance payments) should: (a) ultimately be subject to the review and approval of the court and (b) create no presumptions by the

court or the guardian/conservator regarding the reasonableness, or necessity, of those fees and costs. Said monthly allowance should be made effective as of (date) . _____

12. Successor Guardian and/or Conservator

A successor or co-guardian/conservator has been appointed when a designated event occurs. State if they are ready to serve. _____

If the following event occurs _____,
I request the court appoint (Name) _____
as the successor guardian conservator. Address: _____

13. Court Approval

The Guardian/Conservator requests that the court enter an Order as follows:

- Approval of Report:** Approving this proposed report of guardian/conservator.
- Authority of Guardian/Conservator:** granting the guardian and/or conservator the power to act on behalf of the Individual as requested.
- Other Order:** For any other Order that the court deems appropriate.

Guardian

Section B – to be completed by the Guardian.

Guardian’s Report

14. Status of Individual

The Guardian believes that the Individual is receiving satisfactory care **or** the Guardian has the following concerns for which a change is requested: _____

15. Services the Individual Receives Now

The Individual receives the following services, (*examples of services include supported decision making, technological assistance, medical services, educational and vocational services, and other supports and services*) _____

16. Living Arrangements of Individual

The Individual’s living arrangements, including any changes during this reporting period, were: _____

17. Medical Condition

The Individual's medical condition, including any changes during the reporting period:

18. Mental Condition

The Individual's mental condition, including any changes during the reporting period:

19. Social Condition

The Individual's social arrangements, including any changes during the reporting period:

20. Functional Ability

A description of the Individual's functional abilities, including any changes and support services received during the reporting period:_____

21. Guardian's Activities and Action's on Behalf of the Individual

The following is a description of the Guardian's activities for the benefit of the Individual:

22. Guardian's visits with the Individual

The following is a summary of the guardian's visits with the Individual and a list of dates the guardian visited with the Individual (A list of dates may be attached as an Exhibit):

23. Individual's Participation in Decision Making

Describe the extent which the Individual participated in decision making: _____

24. Current Care Plan of Care Setting for Individual:

The current care plan of the care setting (nursing home, assisted living facility, treatment center, ecta) in which the adult currently resides [] is consistent with the adult's values or [] the guardian recommends these changes: _____

25. Gifts received from the Individual

The guardian, their spouse, domestic partner, parent, child or sibling have received the following gifts from the Individual, worth more than a minimal value, a listed below:

26. Names of Professionals/Businesses Who Have Aided the Individual

The following professionals have assisted the Individual during the period covered by this report:

Name	Service Provided
_____	_____
_____	_____
_____	_____

Guardian's relation (if any) to these Professionals/Businesses:

27. Delegated Authority

The guardian has delegated the following authority to an agent and the reason why:

28. Guardian's Plan

The most recently approved plan is attached. The guardian [] has [] has not deviated from the guardian's plan. If the guardian has deviated from the plan explain how and why: _____

29. Guardian's Plan for Future Care

The guardian's care plan [] remains the same, or [] is changed as follows:

30. Recommended Changes in Scope of the Guardian's Authority

The scope of the guardian's authority [] should remain the same, or [] should be changed as follows:

Conservator's Report

Section C – to be completed by the conservator or guardian that has possession or control over funds or other property – the conservator should provide account statements (*bank, investment, mortgages and other debts*) that includes the end date for the reporting period. Local rules may require additional documentation.

31. Balance Sheet

	Market Value at	Market Value at End of
	Start of Accounting	Accounting
	Date: _____	Date: _____

Assets

Real Property

1. _____	\$	\$
2. _____	\$	\$
3. _____	\$	\$

Receivables (Mortgages, Liens, Notes payable to the Individual, the Estate, or Trust.)

1. _____	\$	\$
2. _____	\$	\$
3. _____	\$	\$

Unblocked Liquid Assets (Investment Accounts, Stocks, Bonds, Securities, IRA, Cash.)

Financial Institution _____
 Address _____
 Address _____
 City, WA Zip _____

Interest Checking Account
 Account No.: last 4 digits _____ \$ _____ \$ _____
 (Balance as of _____)

Savings Account
 Account No.: last 4 digits _____ \$ _____ \$ _____
 (Balance as of _____)

Financial Institution _____
 Address _____
 Address _____
 City, WA Zip _____

Certificate of Deposit
 Account No.: last 4 digits _____
 Interest Rate: _____
 Maturity Date: _____ \$ _____ \$ _____
 (Balance as of _____)

Total Unblocked \$ _____ \$ _____

Blocked Liquid Assets (Investment Accounts, Stocks, Bonds, Securities, IRA, Cash in accounts where access to that account is already restricted by a restrictive agreement on file with the Court, and access to that account requires receipt by the institution of a court order authorizing access.)

Financial Institution _____
 Address _____
 Address _____

City, WA Zip _____

Certificate of Deposit

Account No.: last 4 digits _____

Interest Rate: _____

Maturity Date: _____ \$ _____ \$ _____

(Balance as of _____)

Certificate of Deposit

Account No.: last 4 digits _____

Interest Rate: _____

Maturity Date: _____ \$ _____ \$ _____

(Balance as of _____)

Financial Institution _____

Address _____

Address _____

City, WA Zip _____

Certificate of Deposit

Account No.: last 4 digits _____

Interest Rate: _____

Maturity Date: _____ \$ _____ \$ _____

(Balance as of _____)

Total Blocked \$ _____ \$ _____

Personal and other property subject to conservator/guardian's control (Household Goods, Vehicles, Burial Plots, Funeral Plans, Life Insurance.)

1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____

Total Assets	\$ _____	\$ _____
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Liabilities

Mortgages and Liens

_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Loan # _____	\$ _____	\$ _____
Total Liabilities	\$ _____	\$ _____

Total Estate \$ _____ \$ _____

**Market Value at
Start of Accounting**

**Market Value at
End of Accounting**

32. Estate Information

For Accounting Period Starting (date) _____ and ending (date) _____.

(The purpose of this section is to compare the value of the estate at the beginning of the accounting period with the receipts, disbursements and adjustments (if any) made during the accounting period.) The ending value of the estate should equal:

- a. the Total Market Value of the estate at the beginning of the account period, (plus)
- b. the Total Receipts during the accounting period, (minus)
- c. the Total Disbursement during the accounting period, (plus or minus),
- d. any Adjustments to the Market Value of the Estate.
(a. +b. -c. +/- d. = e.)

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

b. Total Receipts \$ _____

Write total amount for entire accounting period. Do not use monthly amount.

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

c. Total Disbursements (Payments) \$ _____

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

d. Adjustments +/- \$ _____

(Net gain/loss in value of assets over accounting period.)

e. Ending Market Value as of closing date of accounting period \$ _____

(Amount in line 32a. \$ _____
 plus amount in line 32b. +\$ _____
 Equals \$ _____
 minus amount in line 32c. -\$ _____
 Equals \$ _____
 plus or minus amount in line 32d. +/- \$ _____
 Equals = \$ _____ Should equal 3e.

(If the last line does not equal line 32e., your account does not balance. The account must balance to be approved by the court.)

33. Explanations

Explain any large or unusual expenditures, adjustments, or purchases:

34. Services

The Individual receives the following services:

35. Recommended Changes in Scope of the Conservator's Authority

The scope of the conservator's authority [] should remain the same, or [] should be changed as follows:

36. Conservator's Plan

The most recently approved plan is attached. The conservator [] has [] has not deviated from the plan. If the conservator has deviated from the plan, list how and why.

37. Proposed Budget

The conservator seeks authority to make expenditures for the Individual according to the following proposed budget:

Monthly Expenditures for the Individual

	Current	Proposed	Comments
Room and Board – up to	\$ _____	\$ _____	
Personal and Incidental Allowance Up to	\$ _____	\$ _____	
Medical/Dental Insurance	\$ _____	\$ _____	
Other: _____	\$ _____	\$ _____	
Other: _____	\$ _____	\$ _____	
Other: _____	\$ _____	\$ _____	
Conservator’s Allowance	\$ _____	\$ _____	
Total Proposed Monthly Expenditures	\$ _____	\$ _____	X 12 = \$ _____ per year

38. Gifts received from Individual

The conservator, their spouse, domestic partner, parent, child or sibling have received the following gifts from the Individual, worth more than a minimal value, a listed below:

39. Business Relations

The conservator has a relationship with the person and/or business listed below and those businesses have benefitted from the estate of the Individual by:

40. Other

Verification

Section D – (to be completed by All Guardians and/or Conservators.)

Dated: _____.

I declare under penalty of perjury under the laws of the state of Washington that to the statements in this report are true and correct, that I (we) hereby petition the court for approval of same, and request that the court direct the clerk of the court to reissue letters of guardianship/ conservatorship consistent with the designation made herein.

Signed at (city) _____, (state) _____, on (date) _____.

Signature

Print Name WSBA CPG#