

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
AT _____

In the Matter of the Protective Proceedings of:)
Name of Ward: _____)
Date of Birth: _____)
Residential location of ward: _____)
_____)
Ward's Telephone #: _____)
_____)

CASE NO. _____

FINAL GUARDIANSHIP REPORT

Instructions To Guardian

Please type or print clearly using black ink. In preparing the report, you must consult with the ward as much as possible (if the ward is still living). The court will treat the information in this report as confidential.

If you are unable to complete this form without help, you may find assistance on the website of the Office of Public Advocacy (OPA): http://doa.alaska.gov/opa/pg/pub_guard.html. Your local library and court may also have a binder of helpful information entitled "Family Guardian Education Materials," prepared by the Alaska State Association for Guardianship and Advocacy. You may also call OPA at 269-3500 (in Anchorage), 451-5933 (in Fairbanks) or 1-877-957-3500.

After completing this report, you must sign it under oath (or affirmation) in the presence of a notary public or court clerk. See last page.

If you were a **full guardian** with the powers of a conservator, you must fill out the entire form. If you were a **partial guardian** and did not have the powers of a conservator (or if a separate conservator was appointed), you do not need to fill out the financial information in paragraphs 10 through 17. The purpose of this report is to tell the court why your service as guardian is ending and what has happened to the ward and the ward's assets since you filed your last annual report.

Reporting Period

This report covers the period: From the end of the last reporting period: _____
To the date my services as guardian ended: _____

Information About Guardian

Guardian's Name _____ Daytime Phone _____

Mailing Address _____
(box or street number) (city) (state) (ZIP)

Check here if this mailing address is new.

Relationship to ward: _____

In what areas did you have the authority to make decisions for the ward? housing
 medical care school & job training employment social & recreational activities
 financial management (you controlled ward's finances because you had conservator powers)

Was a separate conservator appointed for the ward? No Yes Name: _____

Reason For Ending Guardianship

My guardianship of the ward has ended because:

The ward died on _____ at _____
(date) (location)

A copy of the death certificate is attached.

I did did not have possession of the ward's will.

On _____, 20____, I delivered the ward's will to the court for safekeeping, as required by AS 13.26.545(e), and informed the executor or a beneficiary named in the will that the will had been so delivered. Name of person notified: _____

I resigned as guardian. A new guardian, _____, has been appointed.
(name)

I was removed by the court.

The court has terminated the guardianship because _____

Other (Explain): _____

If the ward is deceased or if the guardianship has been terminated because the ward regained capacity, you need not fill out paragraphs 1-9. Skip to paragraphs 10-17. You must fill out paragraphs 10 - 17 if you were a full guardian with authority to manage the ward's finances. If you did not have financial management authority, skip to the signature section on the last page.

Information About Ward

1. Housing.

a. Where does the ward live now (name of facility or place)? _____

Who takes care of the ward? _____

Type of Residence: nursing home assisted living home

b. What is the ward's opinion of the ward's current living arrangements?

2. **Medical Care.**

a. Which of the following medical professionals has the ward seen since the last report to the court?

	<u>Doctor's Name</u>	<u>Phone No.</u>	<u>Dates Seen</u>
<input type="checkbox"/> Medical Doctor	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
<input type="checkbox"/> Dentist	_____	_____	_____
<input type="checkbox"/> Eye Doctor	_____	_____	_____
<input type="checkbox"/> Ear Doctor	_____	_____	_____
<input type="checkbox"/> Psychologist or Psychiatrist	_____	_____	_____
<input type="checkbox"/> Other: _____	_____	_____	_____
	_____	_____	_____

b. Describe any medical services and mental health treatment provided to the ward since the last report to the court:

c. Are there any problems providing medical care or treatment for the ward?

d. Is a no-code (Do Not Resuscitate) provision in place for the ward? Yes No

e. Did the ward, while the ward still had the capacity to do so, execute a durable power of attorney for health care or some other advance health care directive

under AS 13.52.010 - .395 or another law? Yes No. If yes, who is the agent authorized to make health care decisions for the ward?

3. **School and Job Training.**

Since the last report to the court, did the ward attend school or receive any type of job training? No Yes. Describe studies (include name and location of school):

4. **Work.**

Was the ward employed at any time during the period since the last report to the court? No Yes. Describe (include type of work, name of employer, address, phone, and how long employed):

5. **Contacts With Ward.**

a. If the ward did not live with you, how often did you visit the ward in the period since the last report to the court? _____

b. Were there any other contacts? No Yes, as follows:

<u>Type of Contact</u>	<u>How Often</u>
<input type="checkbox"/> by telephone	_____
<input type="checkbox"/> by mail or e-mail	_____
<input type="checkbox"/> through 3rd person: _____	_____
<input type="checkbox"/> other: _____	_____

6. **Decision Making.**

Have there been any changes in the ward's ability to make decisions about matters affecting the ward's health and safety? _____

7. **Community Resources** (service providers, churches, government programs, charitable organizations, etc.). List the community organizations that are currently involved with the ward.

<u>Name of Organization</u>	<u>Services Received</u>	<u>Agency Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. **Significant Actions.**

Describe any significant actions you took as guardian for the ward during the period since your last report was filed with the court: _____

9. **Additional Information.**

List any additional information about the ward that you wish to report to the court:

You only have to fill out paragraphs 10 – 17 if you were a full guardian with authority to manage the ward’s finances. If you did not have financial management authority, skip to the signature section on the last page.

10. **Ward’s Income Since Last Annual Report.** (List only the income of the ward. Do not list your income.)

<u>Income Source</u>	<u>Amount Received Since Last Annual Report</u>	<u>Income Source</u>	<u>Amt. Received Since Last Annual Report</u>
Social Security Benefits:		Wages:	_____
a. SSA:	_____	Dividends/Interest:	_____
b. SSI:	_____	Rental Income:	_____
Adult Public Assistance:	_____	Pension:	_____
Veterans Financial Benefits:	_____	Annuities:	_____
Alaska Longevity Bonus:	_____	Other (describe):	_____
Permanent Fund Dividend:	_____		_____
Native Corporation Dividend:	_____		_____
Total Income Received Since Last Annual Report:			_____

11. **Ward's Expenses Since Last Annual Report.** (Money paid to anyone on behalf of ward or ward's legal dependents. Do not include your personal expenses. Attach extra pages if necessary.)

<u>Expense</u>	<u>Description</u>	<u>Amount Spent Since Last Annual Report</u>
Nursing/ Assisted Living Home:	_____	_____
Rent Payment:	_____	_____
Mortgage Payment:	_____	_____
Utilities:	_____	_____
Transportation:	_____	_____
Medical Treatment Costs:	_____	_____
Medications:	_____	_____
Credit Card Payments:	_____	_____
Food:	_____	_____
Clothing:	_____	_____
Recreation or Entertainment:	_____	_____
Personal Expenses (include allowance):	_____	_____
Income Tax/Property Tax:	_____	_____
Home/Property Maintenance Costs:	_____	_____
Insurance		
Home Insurance:	_____	_____
Auto Insurance:	_____	_____
Medical Insurance:	_____	_____
Life Insurance:	_____	_____
Gifts:	_____	_____
Child/Spousal Support:	_____	_____
Fees/Costs Paid to Guardian:	_____	_____
Burial Expenses:	_____	_____
Other (list all other payments made):	_____	_____
	_____	_____
Total Expenses Since the Last Annual Report:		_____

12. **Money Controlled by Ward.**

Since the last annual report was filed, did the ward have sole control over any money?

Yes No

If yes, please explain: _____

Is this money included in the income and expenses listed in #10 and #11? Yes No

Explain: _____

13. **Ward's Assets as of _____ (date).** (List all assets the ward owned individually or jointly. Attach extra pages if necessary.)

a. **Cash on hand (not in an account)** \$ _____ (amount) _____ (where located)

Explain any changes since last report: _____

b. **Burial Account**

Name of Bank or Institution	Type of Account	Account Number	Balance

Explain any changes since last report: _____

c. **Alaska Native Corporation Dividend Account**

Name of Bank or Institution	Type of Account	Account Number	Balance

Explain any changes since last report: _____

d. **List all other bank accounts, certificates of deposit, etc.** Attach the most recent bank statement. Attach additional pages if necessary.

Name of Bank or Institution	Name(s) on Account	Account Number	Balance

Explain any changes since last report: _____

e. **List all Brokerage Accounts, Stocks, Bonds, and Other Securities.** Attach the most recent account statement. Attach additional pages if necessary.

Name of Company	Name(s) on Account	Account Value on _____ (date)

Explain any changes since last report: _____

f. **Retirement Accounts.**

Name of Company	Beneficiary	Current Value

Explain any changes since last report: _____

g. **Life Insurance Policies (policies the ward owns).**

Name of Company	Beneficiary of Life Insurance	Face Value of Life Insurance	Cash Value of Life Ins.

Explain any changes since last report: _____

h. **Real Estate that Ward Owns (land and buildings).** Attach tax assessment, if available.

(1) Does ward own a home? No Yes. Estimated Value: \$ _____
 Address: _____
 Description: _____
 Is there a joint owner? No Yes
 Explain any changes since last report: _____

(2) Other Real Estate. Estimated Value: \$ _____
 Address: _____
 Description: _____
 Is there a joint owner? No Yes
 Explain any changes since last report: _____

i. **Vehicles.** (List any cars, boats, snow machines, off-road vehicles, airplanes, etc.)

<u>Type of Vehicle</u>	<u>Year, Make & Model</u>	<u>Value</u>	<u>Co-Owner</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Explain any changes since last report: _____

j. **Furniture, Appliances and Electronic Equipment exceeding \$400 in Value.**

Attach additional pages if necessary.

<u>Description of Item</u>	<u>Approximate Age</u>	<u>Value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Explain any changes since last report: _____

k. **Jewelry, Gems, Precious Metals, Coin or Stamp Collections, Other Collections, Artwork, Raw or Decorated Ivory.** Attach additional pages if necessary.

<u>Description of Item</u>	<u>Location</u>	<u>Value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Explain any changes since last report: _____

l. **Other Personal Property.** (List any item that has a value over \$400. Please include any collectibles and any other items that are particularly susceptible to theft. Give details sufficient to allow a third party to identify the item. Attach extra pages, if necessary.)

<u>Description of Item</u>	<u>Location</u>	<u>Value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Explain any changes since last report: _____

m. **Commercial Fisheries Interests (IFQs or limited entry permits).** Value

Explain any changes since last report: _____

TOTAL ASSETS (Total value of all items in #13 a through m) \$ _____

Total Assets at End of Previous Reporting Period: \$ _____

Change in Total Assets Since Previous Reporting Period: \$ _____

14. **Ward's Liabilities as of _____.**
(date)

(List all debts the ward owes. Attach extra pages if necessary.)

a. **Real Estate Debts.**

(1) Home described in #13(h)(1). Loan balance: \$ _____

Explain any changes since last report: _____

(2) Property described in #13(h)(2). Description: _____

Loan balance: \$ _____

Explain any changes since last report: _____

b. **Other Loans.**

<u>Lender (Name & Address)</u>	<u>Purpose (loan type)</u>	<u>Loan Number</u>	<u>Balance Due</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Explain any changes since last report: _____

c. **Credit Cards.**

<u>Company (Name & Address)</u>	<u>Card</u>	<u>Card Number</u>	<u>Balance Due</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Explain any changes since last report: _____

d. **Judgments/liens.**

<u>Description</u>	<u>Balance Due</u>
_____	_____
_____	_____
Explain any changes since last report: _____	

e. **Amounts Owed For Services.**

<u>Service</u>	<u>To Whom Owed</u>	<u>Balance Due</u>
(1) Medical Services	_____	_____
(2) Attorney Services	_____	_____
(3) Guardian Services	_____	_____
(4) Other _____	_____	_____
Explain any changes since last report: _____		

TOTAL LIABILITIES (Total all items in #14 a through e): \$ _____
Total Liabilities at End of Previous Reporting Period: \$ _____
Change in Total Liabilities Since Previous Reporting Period: \$ _____

15. **NET ASSETS** (Subtract Total Liabilities from Total Assets):
Total Assets from 13 a - m \$ _____
Total Liabilities from 14 a - e \$ _____
Net Estate Value \$ _____

Net Assets at End of Previous Reporting Period: \$ _____
Change in Net Assets Since Previous Reporting Period: \$ _____

16. **Trusts.** The ward is a beneficiary of the following trusts(s) (meaning the ward has the right to receive benefits of some kind from the trust):

Name of Trust: _____
Name and Address of Trustee: _____
If registered with the court, list trust registration no. _____ State _____
Do you know what benefits the ward is supposed to receive from the trust?
 Yes No
Is the ward receiving the benefits from the trust that he/she is supposed to receive?
 Yes No I do not know.
Explain any changes since last report: _____

17. **Assets Released.**

The ward's assets were released as follows:

<u>Asset Released</u>	<u>Date</u>	<u>To Whom Released (Name and Address)</u>	<u>Authority of Person To Receive This Property *</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

* For authority, list recipient's role, such as former ward, new guardian, personal representative of deceased ward's estate, special administrator, temporary property custodian or heir.

Oath

I do solemnly swear (or affirm) that the information given in this report is true and correct to the best of my knowledge and belief.

_____ Date _____ Guardian's Signature

Subscribed and sworn to or affirmed before me at _____, Alaska
on _____, 20____.

(SEAL)

Clerk of Court, Notary Public or other person
authorized to administer oaths.
My commission expires: _____

I certify that on _____,
I gave a copy of this report and its
attachments to:

- ward
- ward's attorney or guardian ad litem (if currently representing ward): _____
- parent or guardian with whom ward resides (if any): _____
- ward's conservator (if a separate conservator was appointed): _____
- the following person(s) designated by court order: _____

Guardian's Signature