

FINAL REPORT OF GUARDIAN

_____ COURT OF STATE OF NEW YORK

COUNTY OF _____

In the Matter of the Final Report of

_____,

*As Guardian for _____, Index No.
An Incapacitated Person /A Former Incapacitated Person.*

Accounting Period : _____ to _____.

TO THE SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF THE BRONX:

I, _____ of _____

being the Guardian of the Person and/or Property of _____

an incapacitated person/a former incapacitated person, do hereby make, render
and file this final account and inventory:

I was appointed as Guardian of the person and/or property of the above named
incapacitated person/former incapacitated person by order of this court dated,
_____, and thereafter, pursuant to said order did file with
the County Clerk of the County of the Bronx a bond with the _____
as surety thereon, and have continuously acted as such Guardian since the date
of my appointment.

This is the final account of my proceedings as Guardian.

**SECTION I INFORMATION PERTAINING TO THE GUARDIAN
(All guardians must complete this section).**

1. REPORT:

Date of last annual report:

Period covered by this report: _____, _____ through _____, _____
(Instructions: The accounting covers the period from the beginning of the guardianship (date of appointment) until the end of the reporting period).

2. GUARDIAN:

Name:

Address (include mailing address, if different):

Telephone no.:

3. APPOINTMENT:

Date of order:

Court:

Name of Judge/Justice:

4. BOND:

Bonding company name:

Bonding company address:

Value of bond (If the bonding requirement was waived, so state):

5. REASON FOR FINAL ACCOUNTING:

a. IP deceased (Attach certified copy of death certificate)

b. Assets depleted

c. Guardian deceased (Attach certified copy of death certificate)

d. Guardian removed

e. IP relocated

6. **WILL:**

To your knowledge, has the incapacitated person executed a will?

Yes _____ No _____

If yes, please provide location of the will:

7. **HEALTH CARE PROXY:**

To your knowledge, has the incapacitated person executed a Health Care Proxy?

Yes _____ No _____

If yes, please provide the name and address of the person with the Health Care Proxy:

8. **ADDITIONAL INFORMATION:**

Please provide any additional information which is required by your order of appointment as guardian (In addition to information provided in Sections I, II, III, and IV of this report).

9. **TYPE OF GUARDIANSHIP:**

Have you been granted powers over the personal needs of the incapacitated person?

Yes _____ No _____

If yes, please complete Sections II and III

Have you been granted powers regarding property management of the incapacitated person?

Yes _____ No _____

If yes, please complete Sections II and IV

**SECTION II INFORMATION PERTAINING TO THE
INCAPACITATED PERSON
(If IP is deceased, skip Section II and III)**

1. INCAPACITATED PERSON:

Name:

Address (If residential facility, include name of the Director or person responsible for care):

Telephone no.:

SECTION III PERSONAL NEEDS

If you have been granted powers with respect to the personal needs of the incapacitated person, please provide the following information:

1. RESIDENTIAL SETTING:

Is the current residential setting suitable to the needs of the incapacitated person?

Yes _____ No _____

If no, please explain:

SECTION IV PROPERTY MANAGEMENT

If you have been granted powers regarding the property management of the incapacitated person, please provide the following information, consistent with your order of appointment, pertaining to your fulfillment of your responsibilities to the incapacitated person to provide for property management:

1. Have you identified, traced and collected assets of the incapacitated person since your appointment?

Yes _____ No _____

If no, please explain:

2. Have all of the incapacitated person's past and current income tax returns and payments been brought up to date?

Yes _____ No _____

If no, please explain:

3. All guardians must attach a copy of the order of appointment.
4. If you have been appointed guardian for the personal needs of the incapacitated person, please complete **Section III**.
5. If you have been appointed guardian for the property management of the incapacitated person, please complete **Section IV, the summary and the attached schedules**.
 - (a) When listing property on a schedule, please be specific. For instance -with bank accounts, list name and address of bank, number of account and balance; with stocks, list number of shares, name of stock, type and value.
 - (b) All gains and losses are considered realized for the purpose of this accounting. If a schedule does not supply enough space, attach additional sheets with reference to the schedule to which the information applies.
 - (c) In any schedule, if there is nothing to list, state "NONE".

SUMMARY

PART I.

Total beginning balance, as shown on Schedule A, \$ _____

Total additional assets, as shown on Schedule B, \$ _____

Total income received during accounting period,
as shown on Schedule C \$ _____

TOTAL PART I: \$ _____

PART II.

Total losses during accounting period,
as shown on Schedule D \$ _____

Total moneys paid out during accounting period,
as shown on Schedule E \$ _____

TOTAL PART II: \$ _____

BALANCE ON HAND AT END OF ACCOUNTING PERIOD
(Total Part I minus Total Part II) \$ _____

(This amount should be the same as Schedule F)

VERIFICATION

STATE OF NEW YORK

ss:

COUNTY OF _____

_____, being duly sworn, states that I am the Guardian of the within named incapacitated person/former incapacitated person and that the attached annual report and schedule(s) are, to the best of my knowledge and belief, a complete and true statement of my activities as such Guardian; receipts and payments on behalf of such incapacitated person; money and other property which has come into my possession or has been received by others pursuant to my order or authority since the date of my appointment and the value of such property. I do not know of any error or omission in the report or schedule(s) to the prejudice of such incapacitated person/former incapacitated person.

Guardian

(Your name, address and telephone number)

Sworn to before me this ____ day

of _____, 20__.

Notary Public