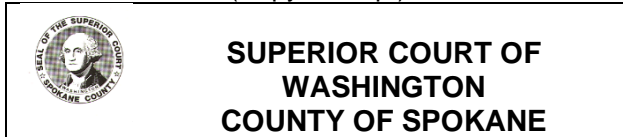


(Copy Receipt)

(Clerk's Date Stamp)



In the Guardianship/Conservatorship of:

Respondent / Individual

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, you must also complete section C.

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
<b>Full Name</b>		
<b>Mailing Address</b>		
<b>City &amp; State</b>		
<b>Zip Code</b>		
<b>*Telephone</b>		
<b>*Fax Number</b>		
<b>Email</b>		
<b>Age</b>		

**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, etc.*) 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** – 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**

**Assets**

	Market Value at Start of Accounting	Market Value at End of Accounting
<b>Real Property</b>		
1.	\$	\$
2.	\$	\$
3.	\$	\$
<b>Receivables</b> (Mortgages, Liens, Notices payable to the Individual, the Estate, or Trust.)		
1.	\$	\$
2.	\$	\$
3.	\$	\$
<b>Unblocked Liquid Assets</b> (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 or Other Account Account No: last 4 digits _____ Interest Rate: _____ Maturity Date: _____ (Balance as of _____)	\$	\$
<b>31a. Total of Real Property, Receivables and Unblocked Liquid Assets</b>	\$	\$

**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.)

	Market Value at Start of Accounting	Market Value at End of Accounting
Financial Institution _____ Address _____ Address _____ City, WA Zip _____		
Type of Account _____ Account No: last 4 digits _____ Interest Rate: _____ Maturity Date: _____ (Balance as of _____)	\$	\$
Type of Account _____ Account No: last 4 digits _____ Interest Rate: _____ Maturity Date: _____ (Balance as of _____)	\$	\$
Financial Institution _____ Address _____ Address _____ City, WA Zip _____		
Certificate of Deposit or Other Account Account No: last 4 digits _____ Interest Rate: _____ Maturity Date: _____ (Balance as of _____)	\$	\$
<b>31b. Total of Blocked Accounts</b>	\$	\$

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

	Market Value at Start of Accounting	Market Value at End of Accounting
1.	\$	\$
2.	\$	\$
3.	\$	\$
<b>31c. Total of Personal Property</b>	\$	\$

<b>31d. Total Assets (31a + 31b + 31c)</b>	\$	\$
--	----	----

**Liabilities**

**Mortgages and Liens**

Financial Institution & Loan Number	Market Value at Start of Accounting	Market Value at End of Accounting
1.	\$	\$
2.	\$	\$
3.	\$	\$
<b>31e. Total Liabilities</b>	\$	\$

	Market Value at Start of Accounting	Market Value at End of Accounting
<b>31f. Total Estate (31d – 31e)</b>	\$	\$
	Date:	Date:

**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.

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

**c. Total Disbursements (Payments)** \$ \_\_\_\_\_

<b>Disbursements:</b>	
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 32e.

(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	\$ _____	\$ _____	
<b>Total Proposed Monthly Expenditures</b>	\$ _____	\$ _____	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#