SUPREME COURT OF THE STATE OF NEW YORK COUNTY OFX	
In the Matter of the Annual Report of	Index No
Guardian of the Person and Property of	ANNUAL REPORT FOR [YEAR]
An Incapacitated Person.	
TO THE SUPREME COURT OF THE STATE OF NEW COUNTY OF	one (), am Guardian of person herein, and I am one of her sons,
FIRST: On [date], I was duly appointed Guardian of granted by Mr. Justice, and I qualified to with the Bond Company, Bond # pursuant to the aforesaid Order in the penal sum of \$_ financial standing as when the bond was given.	o act as such Guardian by giving a bond, as surety thereon on [date],
SECOND: I have acted as Guardian since the aformation [date], and continue to so act.	presaid date of my qualification, to wit,
THIRD: is currently residing at [A	Address], telephone ()
FOURTH: Since the date of the evaluation of the evaluation of the in connection with my Initial Report, here has had no change in her physical or mental condition. has been taking, to wit, desipromine, primivil, thiothix vasotec, and navane.	the incapacitated person performed by etofore filed with the Court, However, in addition to medication she
FIFTH:had a routine physical exact on [date]. Drhas diagnosed my mother as suffermental retardation, and constipation, and he has stated to she is doing well on her prescribed medications. Annexe Exhibit A, is a photocopy of the statement of Dr is dated,	fering from hypertension, schizophrenia, that her condition is satisfactory and that ed hereto and made a part hereof, marked

SIXTH: In the opinion of the undersigned, I believe it would be in my mother's best
interests for her to continue to remain in her present home where she continues to receive 24-
hour supervision and where she will be in surroundings which are familiar to her. Mr.
, a friend and neighbor of my mother's, continues to provide services to her on
Mondays and Wednesdays from 1:00 PM to 8:00 PM, Tuesdays and Thursdays from 8:00 AM to
8:00 PM, and Sundays from 5:00 PM to 8:00 PM. Mr is also available if my
mother ever needs assistance overnight during the hours of 8:00 PM to 8:00 AM since he resides
in the apartment upstairs from my mother. I have also hired a home care aide from
Home Care Services, Inc. to assist in the personal needs of my mother which cannot be
performed by Mr The said home care aide is currently providing services to my mother
on Mondays, Wednesdays, and Fridays from 9:00 AM to 1:00 PM. I or my sister
take care of my mother on the weekends from Fridays at 1:00 PM to Sundays at 5:00 PM.
SEVENTH: Since the filing of the Initial Report, all necessary dental work and treatment
has now been completed by, D.D.S., and my mother now has a full set of
dentures.
EIGHTH:'s social condition has remained substantially the same since the
filing of the Initial Report of the Guardian. Mr, a friend and neighbor, cares for her
and sees her virtually on a daily basis and I or my sister visit my mother daily and

NINTH: No alteration in the powers of the guardian is required at this time.

physician believes she is stable enough to travel.

TENTH: The following is a true and full account of all said Guardian's receipts and disbursements for a period commencing [date] through [date].

see to it that her apartment is clean and her laundry is done. My mother has expressed her desire to visit my sisters in ____ and I plan to arrange for the same once my mother's

ELEVENTH: SCHEDULE A hereto annexed is a statement that sets forth the principal account which came into my hands on or after [date].

TWELFTH: SCHEDULE A-1 hereto annexed is a statement of all income which came into my hands on or after [date].

THIRTEENTH: SCHEDULE A-2 hereto annexed is a statement of all capital gains (realized increases) which occurred during the accounting period.

FOURTEENTH: SCHEDULE B hereto annexed is a statement of all disbursements made by me during the accounting period, including administration expenses and expenses for the care and maintenance of the incapacitated person.

FIFTEENTH: SCHEDULE B-1 hereto annexed is a statement of all capital losses (realized decreases) which occurred during the accounting period.

SIXTEENTH: SCHEDULE C hereto annexed is a statement of all assets remaining in my hands as of [date].

SEVENTEENTH: SCHEDULE D hereto annexed is a statement of claims against the estate which are limited to unpaid administration expenses.

EIGHTEENTH: SCHEDULE E hereto annexed is a statement of changes to the principal account.



SUMMARY STATEMENT

SCHEDULE A - PRINCIPAL ACCOUNT		\$ 59,924.72
SCHEDULE A-1 - INCOME RECEIVED		\$ 852.20
SCHEDULE A-2 - REALIZED INCREASES		\$ 0.00
TOTAL SCHEDULES A, A-1, and A-2		\$ 60,776.92
SCHEDULE B - DISBURSEMENTS		\$ 6,900.86
SCHEDULE B-1 - REALIZED LOSSES	1	\$ 0.00
TOTAL SCHEDULES B and B-1		\$ 6,900.86
SCHEDULE C - BALANCE ON HAND	710	\$ 53,876.06
SCHEDULE D - CLAIMS AGAINST THE ESTATE		
Dated:, New York	s/	
	[Name of Guardian]	
	s/[Signing Attorney's National [Certification pursuant 22 N.Y.C.R.R. § 130-1	to

SCHEDULE A (CAPITAL ASSETS COLLECTED)

DATE [year]	ITEM	AMOUNT	TOTAL
	I. Bank Accounts		
3/15	XYZ Savings Bank - Account #78-787878	\$50,060.72	
3/15	ABC Savings Bank - Account #78-898989	3,000.00	
	Total Bank Accounts II. New York City Housing Authors III. New York Cit	hority General Fund	\$53,060.72
3/15	, Beneficiary	\$6,864.00	
	Total NYC Housing Authority		<u>6,864.00</u>
	TOTAL SCHEDULE A		<u>\$59,924.72</u>

SCHEDULE A-1 (RECEIVED INCOME)

DATE [year]	ITEM	AMOUNT	SUBTOTAL	TOTAL
	I. Interest from Bank Acco	ounts		
	City Bank - Savings Acct. #			
3/7 4/7 5/7 6/7 7/7 8/7 9/7 10/7	Interest " " " " " " " "	\$10.00 10.00 10.00 10.00 10.00 10.00 10.00		
11/7 12/7	" Total Interest Savings City Bank - Checking	10.00 <u>17.84</u>		\$107.84
	Acct. #			
3/7 4/7 5/7 6/7 7/7 8/7 9/7 10/7 11/7 12/7	Interest " " " " " " " Total Interest Checking	\$.55 .55 .55 .75 .75 .75 .75 .60 .60	12.44	
	Total Interest Bank Accou	nts		\$120.28

	II. Social Security Benefits		
6/4	For May,	\$ 100.00	
7/6	For June,	100.00	
8/6	For July,	100.00	
9/6	For August,	100.00	
10/6	For September,	100.00	
11/6	For October,	100.00	
12/10	For November,	<u>116.00</u>	
	Total Social Security Income		\$716.00
	III. ABC Securities; Acct. #		
12/10	ABC Fund	\$14.86	
12/31	ABC Fund	1.06	
	Total ABC Securities Account		<u>15.92</u>
	TOTAL SCHEDULE A-1		<u>\$852.20</u>

SCHEDULE A-2 (REALIZED INCREASES)

INVENTORY PROCEEDS

DATE ASSET VALUE ON SALE INCREASE
[year]

NONE

TOTAL SCHEDULE A-2 \$ - 0 -



SCHEDULE B (DISBURSEMENTS)

DATE [year]	ITEM	AMOUNT	TOTAL
2/23	, Esq Fee per	4	
2 /2 2	Court Order granted [date]	\$1,500.00	
2/23	, Esq Disbursements	500.45	
2/22	per Court Order granted [date]	528.45	
2/23	, Esq Fee per Court Order granted [date]	1,000.00	
2/23	, M.D Fee per	1,000.00	
2/23	Court Order granted [date]	500.00	
2/23	Hospital - pursuant to Court	300.00	
2,23	Order dated [date]	245.00	
2/23	Bond Company - Statement dated [date]		
	Bond premium 10/14/93-94 - ABC Bond		
	#12345678	611.00	
4/26	Life Insurance Company -		
	Policy #44-4444-44 - premium	239.90	
5/26	New York Telephone - Acct. #718-888-8888	77.04	
5/26	New York Telephone Company - Acct.		
	#718-888-8888	17.41	
6/26	Cash for postage	29.00	
7/26	Cash for medication for IP	190.25	
8/8	Mr Companion services -		
0.40	[date]	300.00	
8/8	Cash for food [date]	200.00	
9/6	Utility Company - Acct. #22-2222	38.51	
11/15	Gas - Acct. #10000	223.98	
12/7	Cash for IP for Christmas	50.00	
12/15	Mr Companion services. [date]	300.00	
12/16	Water Supply Company -	20.75	
12/20	Acct. #123123123	28.75	
12/20	Cash for medication for IP	121.44	
12/20	Cash for food [date]	200.00	
12/15	New York Telephone Company - Acct. #718-888-8888	13.62	
12/15		86.56	
12/15	New York Telephone - Acct. #718-888-8888		
12/22	Eye Vision Center - Eye Exam	20.00	
12/22	for dental services, D.D.S on account	250.00	
12/28	Eye Vision Center - Eyeglasses	129.95	
12/20		147.73	
	TOTAL SCHEDULE B		<u>\$6,900.86</u>

SCHEDULE B-1 (REALIZED LOSSES)

		INVENTORY	PROCEEDS	
DATE	ASSET	VALUE	ON SALE	DECREASE
[year]				





SCHEDULE C (BALANCE ON HAND)

DATE	ITEM	AMOUNT	TOTAL
December 31,			
	I. Cash		
	City Bank Account #555-0000-55	10	
	Checking Account	\$ 8,478.70	
	SuperSavings Account	20,681.44	
	Total City Bank		29,160.14
	II. ABC Securities Account #111-1111-11 \$25,000.00 U.S. Treasury Bill		
	Purchased [date] - on maturity [date]	\$ 24,574.00	
	Money Funds	141.92	
	Total ABC Securities		<u>24,715.92</u>
	TOTAL SCHEDULE C		<u>\$53,876.06</u>



SCHEDULE D (CLAIMS AGAINST THE ESTATE)

Commissions to G [date]	euardian,, have been waived pursuant to Court Order granted
Legal Fees	, Esq., to be fixed by the Court; see Affidavit of Legar Services Rendered to be filed.
Disbursements	, Esq., to be fixed by the Court; see Affidavit of Legal Services Rendered to be filed.

SCHEDULE E (CHANGES TO PRINCIPAL ACCOUNT)

DATE [year]	ITEM
3/15	XYZ Savings Bank - Account #78-787878 - Closed - Proceeds collected and deposited to Guardian's Account at Bank, [Address], Account #555-0000-55
3/15	ABC Savings Bank - Account #78-898989 - Closed - Proceeds collected and deposited to Guardian's Account at Bank, supra
3/15	New York City Housing Authority - General Fund, Beneficiary of, - Proceeds collected and deposited to Guardian's Account at, Bank, supra
12/6	ABC Securities - Guardian's Account #111-1111-11
12/9	\$25,000.00 US Treasury Bill - purchased [date]- on maturity [date]

STATE OF NEW YORK)
COUNTY OF) ss.:)
, being	duly sworn, deposes and says:
to the best of my knowledge a disbursements on account of said all money and other personal prhands or has been received by a [date], the commencement date together with a full and true stater same and of all property remaining thereto, the said Report contains investment made by me during the	r omission in the Report to the prejudice of said incapacitated
Sworn to before me this,	
Notary Public	