

INSTRUCTIONS

The purpose of this report is to tell the court why your service as guardian is ending and what has happened to the protected person and the protected person's assets since you filed your last report. The court will review this final report within 30 days of receipt and send out either an approval letter or a deficiency notice requesting additional information. Please follow the directions in this form or your report may not be approved.

When filling out the form:

- If you got this form from the internet, download and save the blank PDF form to your local device. Then reopen it before filling it out. The form may not work or save correctly if you fill it out on your internet browser.
- Only file using single-sided printing.
- If filling out by hand, print clearly using black ink.
- Do not leave any question blank. If it does not apply, write "n/a" or provide an explanation.
- Be sure to attach the required documentation as explained on this form, such as bank statements. Bank statements should reflect the accounting you provide. If you charged for rent or room and board, this should be easily seen in the statement. If you had a lot of cash withdrawals, you should have receipts to back up accounting.
- If you need to add additional information to any area of the report, please use a separate sheet of paper. Only write on one side of the paper.

Your accounting must be accurate. You may not use estimates. You must have documentation of your accounting available for court inspection at any time.

You may wish to have a copy of your last annual report for comparison and to help you remember details while filling out this final report. Many questions on this form ask whether there have been any changes since the last report.

If you need help with this report, contact the Alaska Court System's Guardianship Helpline at (907) 264-0520 or visit the Court's self-help page at ak-courts.info/gc.

This page is for your information only. It does not need to be filed with the report.

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
 AT _____

In the Matter of the Protective Proceedings of:)
 _____)
 _____)
 (Name of Protected Person)) Case No. _____
 Date of Birth: _____)
 _____)

FINAL GUARDIANSHIP REPORT

A. Reporting Period

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

B. Information about the Former Guardian

- If you check this box, your contact information will be changed in the system.
- 1. Former Guardian's Name: _____
 Daytime Phone: _____ Email: _____
 Mailing Address: _____
- 2. Relationship to the protected person *[parent, sibling, etc.]*: _____
- 3. In what areas did you have the authority to make decisions for the protected person?
[If you were a conservator only, use form PG-230.]
 I was a full guardian with conservator powers.
 I was a partial guardian with authority only over the following:
 housing medical care mental health care
 personal care, school/training, and work activities financial management
- 4. List name and contact information for any co-guardians or separate conservators:
[Include full name, mailing address, residence address (if different), email, and daytime phone number.] N/A – I was the only guardian/conservator for the protected person.

C. Reason for Ending this Guardianship

My guardianship of the protected person has ended, because:

- The protected person died on _____ *[date]* at _____ *[location]*
 A copy of the death certificate is attached.
 I did **not** have possession of the protected person's will.
 I **did** have possession of the protected person's will. On _____ *[date]*, I delivered the protected person's will to the court for safekeeping, as required by AS 13.26.545(e), and I told the executor or a beneficiary named in the will that I did this.
 Name of the person I notified: _____

- I resigned as guardian. A new guardian, _____ [name], has been appointed.
- I was removed as guardian by the court.
- The court has terminated (ended) the guardianship, because:
 - The protected person gained or regained the capacity to handle their own affairs.
 - _____
- Other: *[Explain below.]*

D. Actions Since Last Report.

1. Describe the contact you had with the protected person since the last report:
[Include the type of contact (in person, phone, email, etc.) and how often it occurred.]

2. Describe any significant actions (for example, changes to housing, medical care, etc.) you took as guardian for the protected person since you filed your last report with the court:
[Include all medical and mental health treatment the person received.]

E. Information about the Protected Person

- The protected person still needs a guardian. Protected person’s contact information:
 Mailing Address: _____
 Residence Address: _____
 Phone Number: _____ cell home other
 Email: _____
- The protected person died, or the court found that the person no longer needs a guardian.
[Skip section F; go to the text box on page 5.]

F. Information about the Guardianship

1. **Housing.**
 - My order did not include authority over housing.**
[Skip this section and go to section 2.]
 - My order included authority over housing.**
 - a. What type of residence does the protected person live in now?
 own home rented home group home
 nursing home assisted living home _____
 Name of facility (if nursing, ALH, etc.): _____ N/A

b. Did the protected person live with you at any time since the last report? No Yes
 If yes, did you have room and board authorization? No Yes N/A

c. Is the current housing provider (or another suitable person or entity) able to make sure that the protected person has meals, clothing, house-cleaning, and transportation?
 Yes No (or I don't know), because:

d. What is the protected person's opinion about the current housing situation? *[If you do not know the protected person's opinion, explain why not below.]*

2. Medical and Mental Health Care.

My order did not include medical or mental health care authority.

[Skip this section and go to section 3.]

My order included medical and/or mental health care authority.

a. List any health professionals the protected person has seen since the last report to the court:

	<u>Name</u>	<u>Phone No.</u>	<u>Last Date Seen</u>
<input type="checkbox"/> Medical Doctor	_____	_____	_____
<input type="checkbox"/> Dentist	_____	_____	_____
<input type="checkbox"/> Mental Health Provider	_____	_____	_____
<input type="checkbox"/> Other: <i>[Eye/Ear Doctor, Physical Therapist, etc.]</i>	_____	_____	_____
	_____	_____	_____

The protected person did not have a doctor, because:

b. Describe any changes in the protected person's medical and/or mental health status since the last report (for example, new injuries, diagnoses, and hospitalizations), and describe what is being done about them: *[If you don't know, explain why not below.]*

c. Does the protected person need help with any basic daily living activities (for example, bathing, toileting, getting dressed, preparing food, etc.)? No. Yes.
 If yes, describe what the protected person needs assistance with, and how that assistance is currently being provided: *[If you don't know, explain why not below.]*

- d. What is the protected person’s opinion about the medical and/or mental health care the person is receiving? *[If you don’t know the person’s opinion, explain why not below.]*
- _____
- _____
- _____
- e. Does the protected person have a no-code (Do Not Resuscitate, or DNR) provision in place? *[A DNR is a legal and medical document that the person agrees to and signs, saying that the person does not want to be given CPR to restart their heart or breathing.]*
 Yes. No. I don’t know.
- f. Did the protected person, while the person 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. I don’t know.
 If yes, who is the agent authorized to make health care decisions for the protected person? _____

3. Personal Care, School, and Work Activities.

- My order did not include personal care, school, or work authority.**
[Skip this section and go to section 4.]
- My order included personal care, school, and/or work authority.**
- a. Describe any changes in schooling or job training for the person since the last report:

- b. Describe any changes in the protected person’s employment since the last report:

- c. Describe any changes in the protected person’s access to or participation in recreational and social activities since the last report:

- d. What is the protected person’s opinion about the work, school, and social and recreational activities that they currently participate in? *[If you do not know the person’s opinion, explain why not below.]*

4. Decision-Making.

- a. Since the last report, have there been any changes in the protected person’s ability to make decisions about matters affecting their health and safety?
 No changes.
 Yes, the protected person is: less able. more able.
 If yes, describe the changes in ability and what caused them, if known:

b. Did the protected person participate in decision-making? Yes. No, because:

Community Resources.

Since the last report, have there been any changes to services (such as case manager or PCA) that the protected person receives? No. Yes, described below:

[If any contact information for service providers has changed, include it here.]

Was a conservator appointed for the protected person?

Yes, I was a full guardian, so I had conservator powers. *[Fill out section G.]*

Yes, I was a partial guardian and my authority included conservator powers. *[Fill out section G.]*

Yes, a separate conservator was appointed

Name of conservator: _____

[Skip section G. Go to section H.]

No, the protected person had authority over their own money and property.

[Skip section G. Go to section H.]

As conservator, did you use a representative payee?

N/A. I did not have conservator authority.

No.

Yes. Name of payee: _____

Did (or does) the payee control all of the protected person's money?

Yes. *[Fill out section G, but you may include the payee's detailed accounting information as documentation.]*

No. Describe what the payee controlled and what you controlled:

Are (or were) you a professional guardian? No. Yes.

If yes, you must also do the following:

1. Provide a copy of your accounting used to keep track of income and expenses.
2. Provide a breakdown of the monthly fees you were paid. Include a detailed invoice of what services were provided for each fee charged.

G. Financial Information

- I am an OPA-appointed guardian.**
[Skip sections 1 & 2. Attach detail from financial system.]
- I am not an OPA-appointed guardian.**

1. Income since Last Report.

****List the total amount of income the protected person received between the date of your last report and the date your services as guardian ended. Do not list monthly income. Do not list your own income.****

[If there are more income sources than fit on this page, attach extra pages or cross out an unused category and write it in.]

<u>a. Income Source</u>	<u>Amount</u>
Wages/Salary: _____	_____
Social Security Benefits: _____	_____
Dividends/Interest: _____	_____
Adult Public Assistance: <i>[for example, ATAP, TANF, Food Stamps]</i>	_____
_____	_____
_____	_____
Veterans Financial Benefits: _____	_____
Senior Care Benefit: _____	_____
Alaska Permanent Fund Dividend	_____
Native Corporation Dividend: _____	_____
Rental Income: _____	_____
Pension: _____	_____
Annuities: _____	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____

TOTAL INCOME SINCE LAST REPORT **\$** _____

- b. Were there any major changes or disruptions to an income source since the last report?
- No. Yes. If yes, explain:
- _____
- _____
- _____
- _____

2. Expenses since Last Report.

****List all money paid to anyone from the protected person’s funds between the date of your last report and the date your services as guardian ended. Write the total amount of money paid. Do not list monthly expenses.****

[If there are more expenses than fit on this page, attach extra pages or cross out an unused category and write it in.]

<u>a. Expense</u>	<u>Amount</u>
Nursing/Assisted Living Home: _____	_____
Room and Board <i>[Only fill out if you had room and board authorization.]</i>	_____
Rent or Mortgage Payment: _____	_____
Utilities: <i>[Leave blank if you had room and board authorization.]</i>	_____
_____	_____
_____	_____
_____	_____
Transportation: _____	_____
Medication: _____	_____
Medical Treatment: _____	_____
Cell Phone: _____	_____
Food: <i>[Leave blank if you had room and board authorization.]</i>	_____
Clothing: _____	_____
Entertainment/Hobbies: _____	_____
Travel/Vacation: _____	_____
Personal Expenses (allowance/money given to the protected person)	_____
Taxes: _____	_____
Home/Property Maintenance: _____	_____
Insurance Premiums: <i>[home/renter’s, auto, medical, life, etc.]</i>	_____
_____	_____
_____	_____
_____	_____
Gifts: _____	_____
Child/Spousal Support: _____	_____
Fees/Costs Paid to Guardian: _____	_____
Reimbursements to Guardian <i>[Attach documentation/receipts]</i>	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____
TOTAL EXPENSES SINCE LAST REPORT	\$ _____

b. Were there any major changes to expenses since the last report?

No. Yes. If yes, explain:

3. Money Controlled by the Protected Person.

Since the last report was filed, did the protected person have sole control over any money?

Yes No

If yes, did the protected person have their own:

bank account: _____ [bank name & account no.]

debit card or credit card: _____ [last 4 numbers of card]

total cash allowance of \$ _____ since the last report was filed.

other: _____

Is this money included in the income and expenses listed in #1 and #2?

Yes No, because:

4. Assets as of _____ [date your services as guardian ended]

****List all assets the protected person owned individually or jointly on the date above. Write the account amounts/balances as they were on that date.****

[Attach extra pages if necessary. Write only on one side of the page.]

a. **Cash on Hand (not in an account).** \$ _____

	Amount	Location
--	--------	----------

b. **Bank Accounts.** [Checking, Savings, ABLE/Medicaid Qualifying Trusts, etc.]

N/A. The protected person did not have any of these types of accounts.

Name of Bank or Institution	Type of Account	Account No.	Balance

****REQUIRED: Attach all bank statements that cover the period between the last report and the date your services as guardian ended. If the only activity on the account during that time period was interest accrual (no deposits or withdrawals), you may attach the most recent statement that you received.****

c. **Alaska Native Corporation Dividend Account.**

N/A. The protected person did not have an Alaska Native Corp. Dividend account.

Name of Bank or Institution	Type of Account	Account No.	Balance

****REQUIRED: Attach the most recent statement that you received.****

d. **Brokerage Accounts, Stocks, Bonds, Certificates of Deposit, & Other Securities.**

N/A. The protected person did not have any of these types of accounts.

Name of Company	Name on Account	Date of Balance	Balance

****REQUIRED: Attach the most recent statements that you received.****

e. **Retirement Account.**

N/A. The protected person did not have a retirement account.

<u>Name of Company</u>	<u>Beneficiary</u>	<u>Current Value</u>
_____	_____	_____

****REQUIRED: Attach the most recent statement that you received.****

f. **Life Insurance Policy.**

N/A. The protected person did not have a life insurance policy.

<u>Name of Insurance Company</u>	<u>Beneficiary</u>	<u>Face Value</u>	<u>Cash Value</u>
_____	_____	_____	_____

****REQUIRED: Attach the most recent statement that you received.****

g. **Burial Account.** *[An account reserved for burial/funeral expenses.]*

N/A. The protected person did not have a burial account.

<u>Name of Bank or Institution</u>	<u>Type of Account</u>	<u>Account No.</u>	<u>Balance</u>
_____	_____	_____	_____

****REQUIRED: Attach the most recent statement that you received.****

h. **Changes in Accounts.**

Explain any major changes to the accounts listed or cash available to the protected person since the last report. Include whether accounts were newly opened, cashed out, or had large transfers between them. (N/A, no major changes since last report)

i. **Real Estate (land and buildings).**

(1) Did the person own a home? No. Yes. Estimated Value: \$_____

Address: _____

Description: _____

Was/Is there a joint owner? No. Yes, name: _____

(2) Other Real Estate. Estimated Value: \$_____

Address: _____

Description: _____

Was/Is there a joint owner? No. Yes, name: _____

j. **Vehicles (cars, boats, snow machines, airplanes, etc.).**

<u>Description of Vehicle (year/make/model)</u>	<u>Location</u>	<u>Co-Owner</u>	<u>Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

k. Other Valuable Personal Property.

[List any item that had a value of \$1000 or more on the date your guardian services ended (for example, collectibles, guns, jewelry, art, and valuable licenses). Give enough detail to allow another person to identify the items.]

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

l. Changes in Real Estate and Personal Property.

Explain any major changes to the value of any real estate, vehicles, or other valuable property since the last report. Include whether any significant items were sold or purchased, and whether the value of any property changed by \$1000 or more.

N/A, no major changes since last report

TOTAL ASSETS *[Total value of all items in section 4]* **\$** _____
Total assets on date of last report **\$** _____

5. Liabilities (debts) as of _____ *[date your services as guardian ended]*

****List all money the protected person owed to anyone on the date above.****

[Attach extra pages if necessary. Write only on one side of the page.]

a. Mortgages.

(1) Home described in #4(i)(1). Loan balance: \$ _____

(2) Property described in #4(i)(2). Loan balance: \$ _____

b. Amounts Owed for Services, including to the Guardian or Conservator.

[If the protected person owed (or still owes) money to the guardian and/or conservator, you must describe what the debt was for on a separate page and attach all receipts, invoices, or other documentation to support the charges.]

<u>Service</u>	<u>To Whom Owed</u>	<u>Balance Due</u>
(1) Medical	_____	_____
(2) Medical	_____	_____
(3) Attorney	_____	_____
(4) Guardian/Conservator	_____	_____
(5) _____	_____	_____

c. Other Debts.

[List all debts or money the protected person owed that are not already listed in sections a or b above. Include the type of debt (for example: credit card, auto loan, court fine or judgment, lien on home, etc.). List the total amount of the remaining debt on the date your guardian services ended—do not list monthly or other periodic payment amounts.]

<u>To Whom Owed</u> <i>[name of creditor, lender, or credit card company]</i>	<u>Type of Debt</u>	<u>Balance Due</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

d. Changes in Debts and Liabilities.

Explain any major changes to the amount of money the protected person owed since the last report. Include whether any debts were paid off and whether any of the debts listed above were new or increased by \$1000 or more. (N/A, no major changes since last report)

TOTAL DEBTS *[Total of all money owed in section 5]* **\$** _____

Total debts on date of last report **\$** _____

6. NET ASSETS

Total Assets from section 4 **\$** _____

Total Debts/Liabilities from section 5 **\$** _____

Net Estate Value *[Subtract Total Debts from Total Assets]* **\$** _____

7. Release of Assets.

[This section is for you to explain how you turned over control of any real estate, personal property, or accounts that the protected person owned at the time your guardian services ended. Attach extra pages if necessary. Write only on one side of the page.]

- The court ended the guardianship, and the protected person is now in charge of their own property and financial affairs.
 - I returned all property and accounts to the protected person’s care and control as of _____ *[date]*.
 - I have not returned all property and accounts to the protected person, because: _____

The court appointed a new guardian/conservator named _____.

I gave all care and control of the protected person's property and accounts to the new guardian/conservator as of _____ [date].

I have not given all property and accounts to the new guardian/conservator, because:

The protected person has died.

[Once the protected person dies, the guardian/conservator has no authority over the person's estate, except (1) to pay reasonable burial expenses if no one else is available to do so, and (2) to keep the property safe until it can be transferred to a personal representative or other person authorized by law. See Probate Rules 16(h) and 17(j)]

I have been appointed a personal representative for the protected person's estate.

The court appointed a personal representative named _____.

I gave all care and control of the protected person's property and accounts to the personal representative as of _____ [date].

I have not given all property and accounts to a personal representative, because:

No personal representative has been appointed yet.

Have you released care and control of any of the protected person's property or accounts to any other person not already reported above? No. Yes.

If yes, describe below. Include (1) a description of the piece of property or account, (2) the date you released it, (3) the name of the person you released it to, (4) that person's address, and (5) why you believe you had the legal authority to give it to that person.

Do you still have care and control of any of the protected person's property or accounts?

No. Yes. If yes, explain what property and why you have it.

H. Other Information

I swear or affirm under penalty of perjury that everything I wrote in this report is true and correct to the best of my knowledge and belief.

_____ Date _____ Former Guardian's Signature

Instructions: Give a copy of this report to all of the persons listed in the text box below (this is called "service" and is required by law). Check your court order if you are unsure about whether you must serve any other persons not specifically listed below. You can either mail the report by first-class mail or hand-deliver it. If using mail, write the date that you put the envelope in the mailbox. You may also send the report by email if the recipient agreed to email service. If you are not able to serve any of the required persons, please explain below.

Certificate of Service	
I certify that I served a copy of this report and all of its attachments to:	
<input type="checkbox"/>	the protected person (if not deceased) on _____ at _____ [date/time] by <input type="checkbox"/> mail <input type="checkbox"/> hand-delivery <input type="checkbox"/> email
<input type="checkbox"/>	the protected person's attorney (if currently represented) on _____ at _____ [date/time] by <input type="checkbox"/> mail <input type="checkbox"/> hand-delivery <input type="checkbox"/> email
<input type="checkbox"/>	family member the protected person lives or lived with (if any): _____ on _____ at _____ [date/time] by <input type="checkbox"/> mail <input type="checkbox"/> hand-delivery <input type="checkbox"/> email
<input type="checkbox"/>	the current guardian/conservator (if any): _____ on _____ at _____ [date/time] by <input type="checkbox"/> mail <input type="checkbox"/> hand-delivery <input type="checkbox"/> email
<input type="checkbox"/>	the following persons designated by court order: _____ _____
<input type="checkbox"/>	I could not give the report to a person who should get a copy, because: _____ _____
_____ Former Guardian's Signature	