

**IN THE CIRCUIT COURT OF PHELPS COUNTY, MISSOURI  
PROBATE DIVISION**

**In the Estate of:  
Estate Number:**

**ANNUAL REPORT OF GUARDIAN/CONSERVATOR**

1. State present residence address of ward: \_\_\_\_\_
  
2. State type and the name, if any, of the home or facility where the ward lives and person in charge of the home: \_\_\_\_\_
  
3. State your present residence address and phone number: \_\_\_\_\_  
\_\_\_\_\_
  
4. During the last year, how many times have you seen the ward? \_\_\_\_\_. What was the date when you last saw the ward? \_\_\_\_\_. State the nature of your visits:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
5. Is there a plan for the ward's care, training or treatment? \_\_\_\_\_. If so, do you agree with its provisions? \_\_\_\_\_. If not, explain what you disagree with:  
\_\_\_\_\_  
\_\_\_\_\_
  
6. When was the ward last seen by a physician? \_\_\_\_\_  
What was the purpose of the visit?  
\_\_\_\_\_  
\_\_\_\_\_
  
7. Have you observed any major changes in the ward's physical or mental condition during the last year? \_\_\_\_\_. If so, state your observations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
8. In your opinion, should this proceeding be continued? \_\_\_\_\_  
If not, why?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. If you have been appointed full or limited guardian or conservator, should your powers be increased? \_\_\_\_\_. If so, in what respects?

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10. If you have been appointed full or limited guardian or conservator, should your powers be decreased? \_\_\_\_\_. If so, in what respects and why?

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11. What is your opinion of the present care being provided to the ward?

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12. During the past 12 months did you receive money for the ward from:

Social Security	Yes _____	No _____	Amount \$ _____
SSI	Yes _____	No _____	Amount \$ _____
Vet. Admin (V.A.)	Yes _____	No _____	Amount \$ _____
Other	Yes _____	No _____	Amount \$ _____

13. If you did not receive any money for the ward, was any money paid to anyone else for the ward's benefit? \_\_\_\_\_. If so, state the source of the money and the name and address of the person receiving it:

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14. Other than the monthly payments listed in Question 12, have you or anyone else received any lump sum payments from any source listed above or from any other source? \_\_\_\_\_. If so, state the date received, source, amount (or value) and the present location thereof: \_\_\_\_\_

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15. State the amount of the ward's money you have spent for the ward during the past 12 months and the purpose of the expenditures: \_\_\_\_\_

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16. State the total amount of money you presently have on hand for the ward:

\$ \_\_\_\_\_

State the name and address of the depository where you keep an account for the ward's money: \_\_\_\_\_

17. Does ward have life insurance for burial expenses or burial plan? \_\_\_\_\_  
If so, state the name of the company and the amount of benefit:

\_\_\_\_\_  
\_\_\_\_\_

The undersigned swears that the answers set forth above are true and correct to the best knowledge and belief of the undersigned, subject to the penalties of making a false affidavit or declaration.

Dated: \_\_\_\_\_

Signed:

\_\_\_\_\_  
Guardian/Conservator

\_\_\_\_\_  
Co Guardian/Co Conservator

Reviewed on \_\_\_\_\_

\_\_\_\_\_  
Judge