



8. Are you in control of any tangible property of the ward, such as clothing, furniture, vehicles, etc.? (If yes, describe and report on its location and condition.)  NO  YES

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9. Are you also the Conservator for the ward? (Answer Questions 10 - 12 **only** if your answer is **NO** to the above.)  NO  YES

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10. Did you receive any money from any source on behalf of the ward? (If yes, attach a separate sheet detailing receipts of expenditures including dates. If you are representative payee of a Social Security check or a V.A. Fiduciary, please attach a copy of your most recent annual report.)  NO  YES

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11. Have you been paid any funds for care of the ward during the reporting time? If yes, what amount was received and from what source?  NO  YES

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Have any assets or items of the ward been transferred to you during the reporting time? (If yes, attach a separate sheet listing assets transferred and dates.)  NO  YES

12. Is an updated Plan of Care needed for the ward? (If yes, please attach the updated Plan of Care for Ward, Form #521GC.)  NO  YES

Check here if your address or phone number has changed since last report.

I have included a current picture of the ward.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Guardian Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Print Name: \_\_\_\_\_  
Notary Public for: \_\_\_\_\_  
(State)

Preferred Telephone: \_\_\_\_\_  
Secondary Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_  
(Date)

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Guardian Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Print Name: \_\_\_\_\_  
Notary Public for: \_\_\_\_\_  
(State)

Preferred Telephone: \_\_\_\_\_  
Secondary Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_  
(Date)