

IN THE CIRCUIT COURT OF JACKSON COUNTY, MISSOURI - PROBATE  
DIVISION  
AT \_\_\_\_\_

IN THE ESTATE OF

ESTATE NUMBER

\_\_\_\_\_,  
Ward - Protectee.

ANNUAL STATEMENT OF AFFAIRS OF GUARDIAN-CONSERVATOR  
(Sec. 475.082, RSMO) (No Further Process)

1. State present residence address of ward: \_\_\_\_\_
2. State the type and the name, if any, of the home or facility where the ward lives \_\_\_\_\_ and the name of the person in charge of the home. \_\_\_\_\_
3. State your present residence address: \_\_\_\_\_
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 guardianship/conservatorship be continued? \_\_\_\_\_ If not, why not? \_\_\_\_\_
9. If you have been appointed limited guardian or conservator, should your powers be decreased? \_\_\_\_\_ If so, in what respects and why? \_\_\_\_\_

(Attach additional sheets if necessary.)

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

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

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

Social Security	_____	Yes	If yes, how much?	\$ _____	_____	No
SSI	_____	Yes	If yes, how much?	\$ _____	_____	No
Vet. Admin. (VA)	_____	Yes	If yes, how much?	\$ _____	_____	No
Other	_____	Yes	If yes, how much?	\$ _____	_____	No

If other, state source: \_\_\_\_\_

13. 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: \_\_\_\_\_

14. Other than the payments listed in Question 12, have you or anyone else received any lump sum payments or other property 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: \_\_\_\_\_

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

16. State the total amount of money you presently have on hand for the ward: \$ \_\_\_\_\_, State the name and address of the depository here you keep an account for the ward's money: \_\_\_\_\_

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

TELEPHONE: \_\_\_\_\_