





**PERSONAL PROPERTY**

**Cash / Checking and Savings Accounts / Certificates of Deposit**

<i>Description</i>	<i>Amount</i>
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____

**Stocks / Bonds / Investments / Retirement Accounts / Annuities**

<i>Description</i>	<i>Value</i>
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____

**Vehicles / RVs / Boats / Trailers**

<i>Description</i>	<i>Value</i>
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____

**Furniture / Household Goods / Wearing Apparel / Jewelry**

<i>Description</i>	<i>Value</i>
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____

**Other Assets**

<i>Description</i>	<i>Value</i>
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____

Total Personal Property \$ \_\_\_\_\_

Total Real Estate and Personal Property \$ \_\_\_\_\_

**DEBTS AND LIABILITIES**

**Mortgages / Liens / Loans / Credit Card Debt**

<i>Description</i>	<i>Amount</i>
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____

Total Debts and Liabilities \$ \_\_\_\_\_

**RECAPITULATION**

Total Real Estate and Personal Property.....	\$ _____
Less Total Debts and Liabilities .....	\$( _____ )
 Total Estate	 \$ _____

I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct. Executed on \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Conservator

IN THE \_\_\_\_\_ JUDICIAL DISTRICT  
DISTRICT COURT OF \_\_\_\_\_ COUNTY, KANSAS

In the Matter of the \_\_\_\_\_ )  
(Guardianship)(Conservatorship) of \_\_\_\_\_ )  
\_\_\_\_\_ )  
\_\_\_\_\_ )

Case No. \_\_\_\_\_

Proceeding Pursuant to K.S.A. Chapter 59

ANNUAL     FINAL    **REPORT ON THE CONDITION  
OF THE GUARDIAN'S WARD**

From \_\_\_\_\_, 20\_\_ to \_\_\_\_\_, 20\_\_

Name	Address	
City & Zip Code	Telephone Number	Email Address

guardian in the above-entitled estate submits the following (annual) (final) report on the condition of \_\_\_\_\_  
Name Year of Birth

1. The ward resided at the following places during the reporting period:

_____	_____	_____
(address)	(type of residence)	(length of stay)

2. State the approximate number of times the guardian has had contact with the ward, the nature of such contacts, and the date the ward was last seen by the guardian:

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

3. Summarize the medical, social, educational, vocational and other professional services received by the ward during the reporting period:

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

4. If the ward is institutionalized, the results of an investigation into the nature and appropriateness of the ward's care and treatment are as follows:

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5. What changes in the mental or physical condition of the ward has the guardian observed?

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6. What major problems relating to the guardianship, if any, have arisen during the reporting period?

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7. In the opinion of the guardian, does the guardianship need to continue, and is it necessary to increase or decrease the powers of the guardian?

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8. State compensation requested and expenses incurred by the guardian:

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9. What circumstances, if any, have arisen during the reporting period that could constitute a conflict of interest between the guardian and ward?

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10. Other information required by the court is:

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I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct. Executed on \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Guardian