

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

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

**ANNUAL REPORT OF GUARDIAN**

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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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

\_\_\_\_\_  
Co Guardian

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

\_\_\_\_\_  
Judge