

**Final Report of the Guardian of the Person  
Under Rule 14, Section 8(e)**

IN THE COURT OF COMMON PLEAS OF BEAVER OUNTY,  
P E N N S Y L V A N I A  
ORPHANS' COURT DIVISION

IN RE:

: \_\_\_\_\_  
: NO. \_\_\_\_\_ of \_\_\_\_\_  
: \_\_\_\_\_,  
an Alleged Incapacitated Person

**FINAL REPORT OF THE GUARDIAN OF THE PERSON**

1. Reason for this Final Report is: \_\_\_\_\_  
  
The Incapacitated Person died on \_\_\_\_\_  
  
The adjudication of capacity has been entered by Decree of this Court dated \_\_\_\_\_.
  
2. If the Incapacitated Person died, the cause of death was:  
  
\_\_\_\_\_.
  
3. The address of the Incapacitated Person as of the date of death or adjudication of capacity: \_\_\_\_\_

4. Describe the type of facility and living arrangements that the Incapacitated Person was placed as of the date of death or adjudication of capacity:

- A. Private home \_\_\_\_\_
- B. Personal Care of Nursing Home \_\_\_\_\_
- C. Hospital \_\_\_\_\_
- D. Institution \_\_\_\_\_

5. Number and length of times you visited the Incapacitated Person from the date of the last report to the date of death or adjudication of capacity:

<u>Date</u>	<u>Duration</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Date: \_\_\_\_\_

\_\_\_\_\_  
Guardian's signature

Guardian's address: \_\_\_\_\_  
\_\_\_\_\_

Daytime Telephone No. \_\_\_\_\_