In The Circuit Court For

PINELLAS County, Florida

Probate Division

### In Re: Guardianship of

 (Name of ward)

File No.

ANNUAL FINANCIAL STATEMENT

COMES NOW, (NAME OF CO-GUARDIAN ADVOCATE and (NAME OF CO-GUARDIAN ADVOCATE , as Co-Guardian Advocates for the above named Ward and file this Affidavit and state as follows:

1. We are the appointed Co-Guardian Advocates by Order of this Court.
2. The Ward resides at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
3. The Ward’s income is (provide source and amount):

[ ]  Social Security Benefits of $ per .

[ ]  Other:

1. Other than the above listed income, we receive NO payments (in cash, in goods or any services) for work or care done on the Ward’s behalf.
2. We affirm all the Ward’s monthly income is used for the care and maintenance of the Ward.
3. We received payments and all requests for reimbursement or fees or costs were submitted to the court for review and approval. If not submitted to the court, list the goods or services received on the ward’s behalf:

**Check all that apply:**

[ ]  The Ward does NOT have a Do Not Resuscitate (DNR) directive.

[ ]  The Ward does NOT have a Health Care Surrogate Designation or Directive.

[ ]  The Ward does NOT have a Living Will or Anatomical Gift.

[ ]  The Ward does NOT have a Power or Attorney Designation or Directive.

1. Since the guardianship was established or the last plan, the following was executed by or on behalf of the Ward: **(Check All that Apply):**

[ ]  NONE

[ ]  Do Not Resuscitate (“DNR”)

[ ]  Living Will/Anatomical Gift

[ ]  Health Care Surrogate Designation

[ ]  Power of Attorney

[ ]  Other Advance Directive:

*(Attach a copy of the document to this form)*

Under penalty of perjury, we declare that we have read the foregoing and the facts alleged are true to the best of our knowledge and belief.

Signed on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2023.

NAME, Co-Guardian Advocate NAME, Co-Guardian Advocate

Address Address

Phone Number Phone Number

Email Address Email Address