

**STATE OF RHODE ISLAND**

County of \_\_\_\_\_

**PROBATE COURT OF THE**

Estate of \_\_\_\_\_

Alias \_\_\_\_\_

Alias \_\_\_\_\_

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

Date

**ANNUAL STATUS REPORT**

(1) The residence of the ward is: \_\_\_\_\_

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

(2) The medical condition of the ward is: \_\_\_\_\_

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

(3) I perceive the following changes in the decision-making capacity of the ward:

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

(4) The following is a summary of the actions I have taken and decision I have made on behalf of the ward during the last year:

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

*(if more space is needed, please attach a supplement)*

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Name of Guardian

\_\_\_\_\_  
Date