

**ANNUAL STATUS REPORT**RIGL 33-15-26.1 & RIGL 33-15-47**DATE FILED**FOR  
COURT USE ONLY**STATE OF RHODE ISLAND**

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

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

Alias \_\_\_\_\_

**PROBATE COURT OF THE**

City or Town of \_\_\_\_\_

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

1. The residence of the ward is:

**Name of Ward** \_\_\_\_\_Current Street  
Address \_\_\_\_\_

City/Town \_\_\_\_\_

State \_\_\_\_\_

Zip  
Code \_\_\_\_\_Phone  
Number \_\_\_\_\_

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 decisions I have made on behalf of the ward during the last year:

*You may provide additional attachments, if necessary.*Name of  
Guardian \_\_\_\_\_Signature  
of Guardian \_\_\_\_\_

Date \_\_\_\_\_

**Notary:**Name of  
Notary \_\_\_\_\_

State \_\_\_\_\_

County \_\_\_\_\_

On \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, the above named Guardian, personally appeared and made oath to faithfully and impartially perform the duties of the foregoing appointment.

Signature of  
Notary Public \_\_\_\_\_

Date \_\_\_\_\_

Commission ID# \_\_\_\_\_

Commission Expiration Date \_\_\_\_\_

Notary Seal \_\_\_\_\_