

STATE OF MICHIGAN PROBATE COURT COUNTY OF Montmorency	PROOF OF SERVICE	FILE NO. 24-001234-GA
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In the matter of Mary Smith

1. Titles of the papers served or mailed: Annual Report, PC630, physical, dental report, eye exam, and this proof of service.

2. According to court rule, I served by first-class mail registered mail (copy of return receipt attached) certified mail (copy of return receipt attached) the papers described above on: *(Other reports and attachments may apply.)*

Name	Complete address of service	Date
<u>Kenneth Radzibon</u>	<u>1310 S. 22nd St, Escanaba, MI 49829</u>	<u>4/15/25</u>
<u>Angela Green (daughter)</u>	<u>525 South Street, Lewiston, MI 49756</u>	<u>4/15/25</u>

3. According to court rule, I served by **personal service** the papers described above on: *This may be sent by email, fax, or US mail.*

Name	Complete address of service	Date and Time
<u>Montmorency Probate</u>	<u>12265 M32, Atlanta, MI 49709</u>	<u>4/15/2025</u>
<u>Mary Smith</u>	<u>1234 M32, Atlanta, MI 49709</u>	<u>4/15/2025</u>

4. After diligent search and inquiry, I have been unable to find and serve the following interested persons. I have served these persons by publication. Attached are copies of form PC 617.

I declare under the penalties of perjury that this proof of service has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Service fee	Miles traveled	Fee	TOTAL FEE
\$		\$	
Incorrect address fee	Miles traveled	Fee	\$ 0.00
\$		\$	

4/15/2025
Date

Larry Smith
Signature

Larry Smith
Name (type or print)

USE NOTE: If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

Do not write below this line - For court use only

Sample

PCS Code: AGW
TCS Code: ARPT

STATE OF MICHIGAN PROBATE COURT COUNTY Montmorency	ANNUAL REPORT OF GUARDIAN ON CONDITION OF LEGALLY INCAPACITATED INDIVIDUAL <input type="checkbox"/> FINAL REPORT	CASE NO. and JUDGE 24-001234-GA Hon. Lora E. Greene
Court address 12265 M32, PO Box 789, Atlanta, MI 49709 email: probate@montcounty.org fax: 989-785-8065		Court telephone no. 989-785-8064

NOTE: This report must be completed yearly by the guardian, or more often if directed by the court. The guardian must serve the completed report on the ward and all interested persons as required by Michigan Court Rules 5.105 and 5.125. Then the guardian must complete a proof of service (form PC 564) and file it and this report with the court.

In the matter of Mary Smith
First, middle, and last name of legally incapacitated individual

1. I, Larry Smith, am the guardian of the individual named above and my annual report for the period of 3/15/2024 to 3/14/2025 is as follows.

2. Present age of the individual: 65

Report due 56 days after anniversary

3. Living Arrangement

a. The current address and telephone number of the individual are: 1234 M32, Atlanta, MI 49709
555-555-5555

b. The name of the facility where the individual resides, if any: N/A

c. The individual's residence is: own home/apartment guardian's home/apartment other: _____
 nursing home hospital or medical facility (boarding home, assisted living, etc.)
 foster home relative's home: _____

d. The individual has been in the present residence since 2023. If moved within the past year, state the changes and the reasons for change.

N/A

e. I rate the individual's living arrangement as excellent. average. below average.

Explain Mary Smith enjoys living with us. She is able to engage with her grandchildren.

f. I believe the individual is content with the living situation. unhappy with the living situation.

g. I recommend a more suitable living arrangement for the individual as follows: N/A

*Please attach all reports. Reports must be dated in the range listed above.

9. Social Activities/Services

a. The individual's current social condition is excellent. good. fair. poor.

b. During the past year, the individual's social condition has

remained about the same.

improved. Explain _____

worsened. Explain _____

c. During the past year, the individual has participated in the following activities:

recreational Camped with family in July 2024.

educational none

social goes to church on Sundays and visits friends weekly.

occupational none

No activities were available.

The individual refused to participate in any activities.

The individual was unable to participate in any activities.

10. List of Visits

a. During the past year, I visited the individual as follows: many live with us.

List dates

b. The average amount of time I spent on each visit was (lives with us.)

c. The last time I visited with the individual was on (lives with us.)

Date

11. Activities

During the past year, I performed the following activities on behalf of the individual: _____

made all doctor appointments, assist with bathing, assist with medicine, and assist with dressing on occasion.

12. Consultation

During the past year, I consulted with the individual before making the following decisions: _____

We discussed if she wanted a new doctor.

13. I believe the individual has the following unmet needs: all needs are met.

14. The guardianship should should not be continued because: many loves living with us and we love her.

4. Physical Health

- a. The individual's current physical condition is excellent. good. fair. poor.
- b. During the past year the individual's physical condition has
 remained about the same.
 improved. Explain _____
 worsened. Explain _____

- c. During the past year the individual received the following medical treatment (include check-ups and dental work):

Date	Ailment	Type of Treatment	Doctor's Name
See attached PC 630 and various medical updates			
1/1/2025	eye appt.	exam	DR. Rogers
1/15/2025	physical	physical	Dr. Anderson
1/30/2025	dentist appt.	annual cleaning	Dr. Tooth

5. Do-Not-Resuscitate Order

- a. I did not execute, reaffirm, or revoke a do-not-resuscitate order.
- b. I executed reaffirmed revoked a do-not-resuscitate order for the individual under MCL 700.5314(d). In doing so, I did did not consult with the individual and their attending physician.

6. Physician Orders for Scope of Treatment (POST) Form

- a. I did not execute, reaffirm, or revoke a POST form.
- b. I executed reaffirmed revoked a POST form for the individual under MCL 700.5314(g). In doing so, I did did not consult with the individual and their attending physician.

7. Nonopioid Directive

- a. I did not execute, reaffirm, or revoke a nonopioid directive.
- b. I executed reaffirmed revoked a nonopioid directive for the individual under MCL 700.5314(f).

8. Mental Health

- a. The individual's current mental condition is excellent. good. fair. poor.
- b. During the past year, the individual's mental condition has
 remained about the same.
 improved. Explain _____
 worsened. Explain _____

- c. During the past year the individual received the following mental health treatment:

Date	Ailment	Type of Treatment	Doctor's Name
none			

15. There is is not more cash or property than what was previously reported to the court. If there is, specify the additional amount: \$ _____ .

16. As guardian, I have been ordered by the court to file an annual account, which is attached.

<u>4/15/2025</u>		_____	
Date		Date	
<u>Larry Smith</u>		_____	
Signature of guardian		Signature of co-guardian (if applicable)	
<u>1234 M32</u>		_____	
Address		Address	
<u>Atlanta, MI 49201</u>		<u>555-555-</u>	
City, state, zip	Telephone no.	City, state, zip	Telephone no.
<input type="checkbox"/> Check here if this is a new address	<u>1111</u>	<input type="checkbox"/> Check here if this is a new address	

If a standby guardian has been designated, they must complete the following statement. If the standby guardian is unable or unwilling to serve, the standby guardian must promptly notify the court and interested persons in writing.

STATEMENT BY STANDBY GUARDIAN

I am the designated standby guardian and I continue to be willing to serve in the event of the unavailability, death, incapacity, or resignation of the guardian.

_____	_____
Date	Signature of standby guardian

	Address

	City, state, zip Telephone no.
	<input type="checkbox"/> Check here if this is a new address

This only applies if a stand by guardian was appointed by the court.