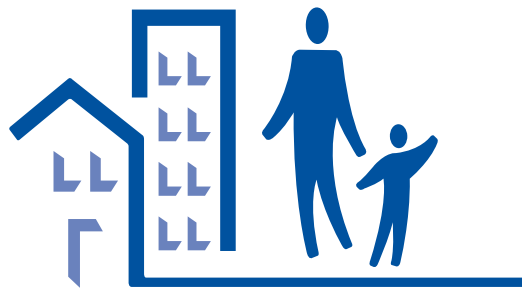


# PRIVATE COMMITTEE REPORT PASSING OF ACCOUNTS



PUBLIC GUARDIAN  
AND TRUSTEE OF  
BRITISH COLUMBIA

Please return forms to:

Public Guardian and Trustee  
**Private Committee Services**  
700 - 808 West Hastings Street  
Vancouver, BC V6C 3L3

# PRIVATE COMMITTEE REPORT PASSING OF ACCOUNTS

I / We, \_\_\_\_\_  
Name of Committee(s)

was appointed Committee(s) of the Estate of \_\_\_\_\_  
Name of Adult

by Order of the Supreme Court of British Columbia on \_\_\_\_\_  
Date of Order

This is the report of the Committee(s) for the Estate of:

\_\_\_\_\_  
Name of Adult

for the period commencing: \_\_\_\_\_  
Start of Period of Accounting

and ending: \_\_\_\_\_  
End of Period of Accounting

in support of the statutory requirements to pass my / our accounts.

## COMMITTEE INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone Number (day): \_\_\_\_\_  
Day / Month / Year

Telephone Number (eve): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

*Do we have your permission to communicate with you via email?*  Yes  No

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

- Committee of Estate  
 Both Committee of Estate and Person

---

### If more than one Committee, additional Committee Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone Number (day): \_\_\_\_\_  
Day / Month / Year

Telephone Number (eve): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

- Committee of Estate  
 Both Committee of Estate and Person

***For additional Committees, please attach a separate sheet.***

## PERSONAL SUMMARY FOR THE ADULT

### Information about the Adult for whom you are Committee:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_  
Day / Month / Year

Health Care ID Number: \_\_\_\_\_

#### *Physical Residence:*

Name of Care Facility if applicable: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

### Next of Kin Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
(day)

Telephone Number: \_\_\_\_\_  
(eve)

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### ***For additional Next of Kin, please attach a separate sheet.***

The personal information you provide on this form and in the supporting documentation provided by you is collected by the Public Guardian and Trustee under the authority of the *Patients Property Act* (R.S.B.C. 1996, c.349, s.10 (d)), and will be used to pass your accounts as Committee. If you have any questions about the collection and use of this personal information, contact your Committee Review Officer at 604-660-1500.



## FINANCIAL SUMMARY

### **Financial Matters:**

1. Have any court orders concerning your management of the adult's person or affairs been issued during the reporting period?

- No**  
 **Yes** If yes, attach a copy.

2. Is the adult involved in any unresolved court cases?

- No**  
 **Yes** If yes, provide details:

---

---

---

3. Did the adult have to pay or receive any money from a lawsuit?

- No**  
 **Yes** If yes, provide details:

---

---

---

4. Has there been any access to restricted assets?

- No**  
 **Yes** If yes, tell us the amount and the purpose these funds were used for:

---

---

---

## FINANCIAL SUMMARY

### *Financial Matters (continued):*

5. Did the adult receive an inheritance?

**No**

**Yes** If yes, tell us the amount and attach a copy of the release or other confirmation of the amount from the executor or administrator:

---

---

---

---

6. Does the person whose affairs you manage have a Will?

**No**

**Yes** If yes, attach a copy (if you have not already submitted a copy).

7. Is there any other financial information you think we should know about?

**No**

**Yes** If yes, tell us:

---

---

---

---

---

8. If you posted a Committee bond, are the premiums current?

**Yes**

**No** If no, tell the reason and the amount in arrears:

---

---

---

---

9. Are you claiming a fee for your service as Committee?

**No**

**Yes** If yes, we will set the fee when we pass the accounts.

## FINANCIAL SUMMARY DETAIL

The financial assets and liabilities of the estate of \_\_\_\_\_

Name of Adult

as of \_\_\_\_\_ were as follows:

end of the accounting period

If there is more than one entry for an Asset or Liability type, please provide detailed information on the Detail Sheet (pages 11-13) and enter the total value of all items on this form.

<b>Assets</b>	<b>Amount in Dollars</b>
Bank Account	\$
Certificates of Deposit / Term Deposits / GICs	
Securities - stocks / bonds / mutual funds held in an investment portfolio	
Securities - stocks / bonds / mutual funds held in certificate form	
Personal Property ( <i>autos, jewellery, etc.</i> )	
Real Estate ( <i>market value</i> )	
Other Assets ( <i>specify</i> )	
<b>Total Assets:</b>	<b>\$</b>

<b>Liabilities</b>	<b>Amount in Dollars</b>
Loans Payable	\$
Real Estate Mortgages (describe)	
Other liabilities (describe)	
Other liabilities (describe)	
Other liabilities (describe)	
<b>Total Liabilities</b>	<b>\$</b>

<b>Total Worth (Total Assets less Total Liabilities)</b>	<b>\$</b>
--	-----------

Is there any source of income more than \$1,000 per year not reported on the income Tax Return (Non-Taxable)?

- No  
 Yes if yes, please provide the source of the income and the amount.

<b>Source:</b>	<b>\$</b>
----------------	-----------

The personal information you provide on this form and in the supporting documentation provided by you is collected by the Public Guardian and Trustee under the authority of the *Patients Property Act* (R.S.B.C. 1996, c.349, s.10 (d)), and will be used to pass your accounts as Committee. If you have any questions about the collection and use of this personal information, contact your Committee Review Officer at 604-660-1500.



## GIFTS, LOANS, CHARITABLE DONATIONS, NON-ARM'S LENGTH PAYMENTS

Item	Amount in Dollars
Gifts <i>(describe)</i>	\$
Loans <i>(describe)</i>	
Real Estate Mortgages <i>(describe)</i>	
Other payments to or on behalf of family members <i>(describe)</i>	
Payments to or on behalf of the Committee <i>(describe)</i>	
Charitable Donations <i>(describe)</i>	
Other liabilities <i>(describe)</i>	
<b>Total Payments</b>	<b>\$</b>

A non-arm's length payment is defined as a payment made to you, your family member, or your friends. These payments are not directly for the benefit of the adult.

## ATTACHMENT CHECKLIST

- Documents confirming all assets and liabilities as reported:
  - Bank Statements
  - Investment Statements
  - Property Tax Assessment
  - Other
  
- If this is your first report, attach confirmation of all assets and liabilities as of the date of your Court Order.
  
- Copies of the Tax Returns for all years included in this report
  
- Copies of the Notice of Assessment for all years included in this report
  
- Cheque for fee for Account Passing Review

The personal information you provide on this form and in the supporting documentation provided by you is collected by the Public Guardian and Trustee under the authority of the *Patients Property Act* (R.S.B.C. 1996, c.349, s.10 (d)), and will be used to pass your accounts as Committee. If you have any questions about the collection and use of this personal information, contact your Committee Review Officer at 604-660-1500.

# AFFIDAVIT

I solemnly swear (declare) that all of [name of adult] \_\_\_\_\_ 's income and assets were used primarily for his/her benefit. All expenses were obligations of [name of adult] \_\_\_\_\_. This report is a true and accurate reporting of [name of adult] \_\_\_\_\_ 's assets and liabilities as of [date] \_\_\_\_\_. Any significant changes in my circumstances and health or those of the adult for whom I am Committee, including change of residence or contact information, have been reported to the Public Guardian and Trustee. I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

I acknowledge it is a serious offence to make a false declaration. I understand that the Public Guardian and Trustee may require further information and documentation at its discretion.

Sworn (declared) before me at the \_\_\_\_\_ )  
of \_\_\_\_\_ in the \_\_\_\_\_ ) \_\_\_\_\_ Signature  
of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_ ) \_\_\_\_\_ Name  
\_\_\_\_\_, 20 \_\_\_\_\_ . )

\_\_\_\_\_  
A Commissioner for taking affidavits in British Columbia

- Committee of Estate  
 Both Committee of Estate and Person

## If more than one Committee, additional affidavits.

I solemnly swear (declare) that all of [name of adult] \_\_\_\_\_ 's income and assets were used primarily for his/her benefit. All expenses were obligations of [name of adult] \_\_\_\_\_. This report is a true and accurate reporting of [name of adult] \_\_\_\_\_ 's assets and liabilities as of [date] \_\_\_\_\_. Any significant changes in my circumstances and health or those of the adult for whom I am Committee, including change of residence or contact information, have been reported to the Public Guardian and Trustee. I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

I acknowledge it is a serious offence to make a false declaration. I understand that the Public Guardian and Trustee may require further information and documentation at its discretion.

Sworn (declared) before me at the \_\_\_\_\_ )  
of \_\_\_\_\_ in the \_\_\_\_\_ ) \_\_\_\_\_ Signature  
of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_ ) \_\_\_\_\_ Name  
\_\_\_\_\_, 20 \_\_\_\_\_ . )

\_\_\_\_\_  
A Commissioner for taking affidavits in British Columbia

- Committee of Estate  
 Both Committee of Estate and Person

The personal information you provide on this form and in the supporting documentation provided by you is collected by the Public Guardian and Trustee under the authority of the *Patients Property Act* (R.S.B.C. 1996, c.349, s.10 (d)), and will be used to pass your accounts as Committee. If you have any questions about the collection and use of this personal information, contact your Committee Review Officer at 604-660-1500.

## AUTHORIZATION TO REQUEST INFORMATION

### TO WHOM IT MAY CONCERN:

I, \_\_\_\_\_, as Committee of the Estate / Both Committee of Estate and Person for *[name of adult]* \_\_\_\_\_, hereby authorize the Public Guardian and Trustee to request personal information about *[name of adult]* \_\_\_\_\_ in order to carry out the passing of accounts.

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

(If you are only Committee of Estate, delete the other role from the Consent.)

### TO WHOM IT MAY CONCERN:

I, \_\_\_\_\_, as Committee of the Estate / Both Committee of Estate and Person for *[name of adult]* \_\_\_\_\_, hereby authorize the Public Guardian and Trustee to request personal information about *[name of adult]* \_\_\_\_\_ in order to carry out the passing of accounts.

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

(If you are only Committee of Estate, delete the other role from the Consent.)

The personal information you provide on this form and in the supporting documentation provided by you is collected by the Public Guardian and Trustee under the authority of the *Patients Property Act* (R.S.B.C. 1996, c.349, s.10 (d)), and will be used to pass your accounts as Committee. If you have any questions about the collection and use of this personal information, contact your Committee Review Officer at 604-660-1500.

## DETAIL SHEET

**Assets:** Please complete this form if there is more than one entry for any Asset or Liability type. If there are more entries than provided for in this sheet, please attach a separate sheet. Total values are entered on the Financial Summary Detail Form (page 7).

**Bank Accounts**

Name of Institution and Account Number	Market Value
	\$
<b>Total</b>	<b>\$</b>

**Term Deposits, GICs, Certificates of Deposit**

Name of Institution and Account Number	Market Value
	\$
<b>Total</b>	<b>\$</b>

**Securities: Stocks / Bonds / Mutual Funds held in an investment portfolio**

Name of Institution and Account Number	Market Value
	\$
<b>Total</b>	<b>\$</b>

**Securities: Stocks / Bonds / Mutual Funds held outside an investment portfolio**

Name of Institution and Account Number	Number of Shares	Market Value
		\$
<b>Total</b>		<b>\$</b>

**Stocks in privately held companies**

Name of Institution and Account Number	Number of Shares	Market Value
		\$
<b>Total</b>		<b>\$</b>

The personal information you provide on this form and in the supporting documentation provided by you is collected by the Public Guardian and Trustee under the authority of the *Patients Property Act* (R.S.B.C. 1996, c.349, s.10 (d)), and will be used to pass your accounts as Committee. If you have any questions about the collection and use of this personal information, contact your Committee Review Officer at 604-660-1500.

*Real Estate*

Description / Location	Market Value
	\$
<b>Total</b>	\$

*Loans Receivable*

Name of Person Owning Money	Amount Due
	\$
<b>Total</b>	\$

*Other Assets*

Type of Asset	Value
	\$
<b>Total</b>	\$

**Liabilities:** If required for any category, please attach a separate sheet.

*Credit Card and Charge Card Debt*

Name of Card / Creditor	Amount Due
	\$
<b>Total</b>	\$

*Lines of Credit*

Name of Creditor	Amount Due
	\$
<b>Total</b>	\$

*Mortgage / Secured Loans Payable*

Name of Creditor	Amount Due
	\$
<b>Total</b>	\$

**Other Categories:** If required for any category, please attach a separate sheet.

*Other Sources of Income*

Name of Source	Annual Amount
	\$
<b>Total</b>	\$

*Gifts / Donations*

To Whom	Amount Given
	\$
<b>Total</b>	\$