PROBATE COURT OF TRUMBULL COUNTY, OHIO JAMES A. FREDERICKA, JUDGE

| | | CONFIRMATION OF CHANGE OF ADDRESS | |
|----------|-----------|--|------------|
| The G | Suardiar | nereby reports to the Court the following change of address as of(Date) | _: |
| Ward | 's currer | address: | |
| | | State | |
| Zip | | Telephone () | |
| Ward | 's living | rangements at the above address are best described as: | |
| J | a. | His or her own apartment or home (includes assisted living facilities). | |
| | b. | Private home or apartment of: | |
| | | ☐ (1) the ward's guardian. | |
| | | ☐ (2) a relative of the ward, whose name is | |
| | | and relationship is | |
| | | (3) a non-relative whose name is | |
| | C. | A foster, group or boarding home. | |
| - | d. | A nursing home. | |
| ⊐ | e. | A medical facility or state institution. | |
| | f. | Other (describe) | |
| | g. | If c, d, e, or f is checked, complete the following: | |
| | | (1) The name of the home, facility or institution | |
| | | (2) The name of an individual at the home, facility or institution who has knowledge | and |
| | | is authorized to give information to the Court about the ward. | |
| | | Name | |
| | | Telephone Number () | |
| | | (Signature of Nursing Home/Facility/Group Home Administrator) | |
| | | | |
| | | (Guardian's Signat | ure) |
| | | (Type or Print Guardian's Na | <u>ma)</u> |