

FILED

JAN 19 2016

PROBATE COURT OF STARK COUNTY

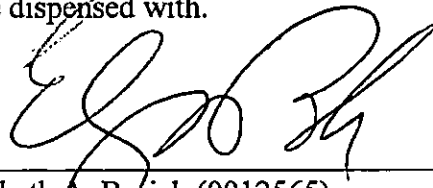
IN THE MATTER OF THE GUARDIANSHIP OF: HERBERT G. GRAYBILL

JUDGE DIXIE PARK
STARK COUNTY PROBATE COURT

CASE NO.: 190991

MOTION TO DISPENSE WITH ANNUAL EXPERT EVALUATION

Now comes Elizabeth A. Burick, Guardian of Herbert G. Graybill, and moves this Court for an order dispensing with the annual expert evaluation. The doctor who completed the Statement of Expert Evaluation for Herbert G. Graybill signed the Guardian's Report Addendum stating that in his opinion, based upon a reasonable degree of medical or psychological certainty, that the mental capacity of Herbert G. Graybill will not improve. The Guardian therefore requests that the requirement to file an annual expert evaluation be dispensed with.



Elizabeth A. Burick (0012565)

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Canton, OH 44714

Phone: 330.456.3200

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Guardian for Herbert G. Graybill

JUDGMENT ENTRY

Upon Motion of the Guardian and having been fully advised, this Court dispenses with the requirement of filing a yearly Statement of Expert Evaluation in the within guardianship until further order of the Court.

It is so Ordered.

Probate Judge: Dixie Park

CASE NO. 190991

8. Is the individual physically impaired? ☒ Yes ☐ No If yes: Description
right BKA

9. Are there any special characteristics of the individual which should be considered in evaluating the individual for guardianship? ☒ Yes ☐ No If yes: Explain
Hx noncompliance medications

10. Are there any indications of abuse, neglect or exploitation of the individual? ☐ Yes ☒ No
If yes: Explain _____

11. Do you believe the individual is capable of caring for the individual's activities of daily living or making decisions concerning medical treatments, living arrangements and diet? ☐ Yes ☒ No
If no: Explain _____

12. Do you believe this individual is capable of managing the individual's finances and property?
☐ Yes ☒ No If no: Explain _____

13. Prognosis:

A. Is the condition stabilized? ☒ Yes ☐ No

B. Is the condition reversible? ☐ Yes ☒ No

14. In my opinion a guardianship should be:

☒ Established/Continued

☐ Denied/Terminated

I certify that I have evaluated the individual on December 7, 20 15.

Date: December 10, 2015

[Signature] PMHNP
Signature of Evaluator

GUARDIAN'S REPORT ADDENDUM

(Not to be used with initial Application)

It is my opinion, based upon a reasonable degree of medical or psychological certainty, that the mental capacity of this ward will not improve.

Date: December 10, 2015

[Signature] PMHNP
Signature - Licensed Physician/Clinical Psychologist