

PROBATE COURT OF STARK COUNTY, OHIO  
DIXIE PARK, JUDGE

GUARDIANSHIP OF ALBERT PITTS

CASE NO. 237637

**FILED**  
APR 12 2024

**GUARDIAN'S REPORT**  
[R.C. 2111.49 and SUP.R. 66.05(B)(2)]

JUDGE DIXIE PARK  
STARK COUNTY PROBATE COURT

NOTE: If allotted space is inadequate to respond, write "See Exhibit" in the space and add appropriate exhibit letter sequence, then attach exhibit containing information requested for that space.

1. This is the (circle one): 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> or \_\_\_\_\_ Guardian's Report.
2. Ward's present address: 5425 High Mill Ave NW  
City Massillon State OHIO  
Zip 44646 Telephone ( 330 ) 833-3174
3. Ward's living arrangements at the above address are best described as:  
 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 Roselane Nursing and Rehabilitation  
 (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 Ashton R. Social Services  
Telephone Number ( 330- ) 833-3174
4. The Ward will be at the address given in Item 2.  
 a. Indefinitely.  
 b. Temporarily. The new address and telephone number is:  
 (1) Unknown, I will provide this information when known.  
 (2) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

- 5. Guardian's contact with the ward:
  - a. Approximate number of times the guardian had contact with the ward during the period covered by this report: 12+
  - b. The nature of those contacts (phone, personal, or other) personal and phone calls
  - c. Date the ward was last seen by the guardian: March 2024

6. Have you observed any **major** change in the ward's physical or mental condition during the period covered by this report?  Yes  No  
 If "Yes" is checked, briefly describe the changes staying in bed more , refusing showers

7. The care given to the ward is  Adequate  Not Adequate  
 If "Not Adequate" is checked, explain. \_\_\_\_\_

8. The guardianship should be  Continued  Not Continued  
 If "Not Continued" is checked, explain. \_\_\_\_\_

9. During the period covered by this report the ward  has  has not  
 been seen by a physician. If the ward has been seen, the last date was March 2024  
 and for the purpose of medication adjustments

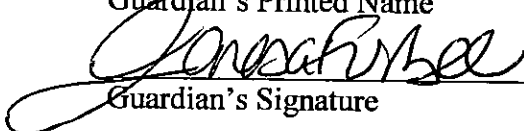
10.  I currently serve as the guardian to ten or more wards and certify to the Court that I am unaware of any circumstances that may disqualify me from serving as guardian for this Ward.

11.  I have completed the continuing education requirement. (Attach Certificate of Completion if applicable)  
 The continuing education requirement was waived.

Attached is a statement by a licensed physician, a licensed clinical psychologist, a licensed social worker, or a developmental disability team that has evaluated or examined the ward within three months prior to the date of this report regarding the need for continuing the guardianship. [R.C. 2111.49(A)(1)(I)] (Form 17.1)

If an attorney has been consulted on this report: \_\_\_\_\_ Date: \_\_\_\_\_

Brandon Trent  
 Attorney for Guardian  
 \_\_\_\_\_  
 Street  
 \_\_\_\_\_  
 City, State, Zip Code  
 \_\_\_\_\_  
 Phone Number  
 \_\_\_\_\_  
 Attorney Registration No. \_\_\_\_\_

Janesa Furbee  
 Guardian's Printed Name  
  
 Guardian's Signature  
400 Tuscarawas St. W suite 200  
 Street  
Canton, OH 44702  
 City, State, Zip Code  
3308060269  
 Phone Number

(Knowingly giving false information on a Probate document is a criminal offense.)