

Western Australia

Rules of the Guardianship and Administration Board

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Western Australia

Rules of the Guardianship and Administration Board

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Rules of the Guardianship and Administration Board

Made by the Board under section 121 of the Act.

1. Filing and Passing Accounts

- (1) Within one month of the making of an Administration Order the Administrator shall lodge with the Executive Officer of the Board a duly completed Estate Information Form in the form of Form A.
- (2) Unless the Board otherwise orders, the Administrator shall, at yearly intervals from the date of the making of an Administration Order or within one month after his discharge, lodge with the Executive Officer an account set out in accordance with Form B, and verified by affidavit in the form of Form C, together with vouchers for the payment of all disbursements and where the vouchers are numerous they must be marked with the corresponding number in the account.
- (3) The Board shall examine the accounts and vouchers so lodged and may —
 - (a) without any attendance by the Administrator, allow them;
 - (b) require the Administrator to attend at a time and place specified and furnish such books, accounts or other information as required.

(4) The Board may allow the reasonable and proper costs of the Administrator of passing the account, and of any other person permitted to attend, in whole or in part; and, where the Administrator is in default under these rules or in complying with any direction or order of the Board may deprive him of the costs of passing his accounts or may order him to pay those costs, personally.

(5) If, upon the taking of the account of an Administrator following upon his discharge, a balance is certified to be due from the Administrator, he shall pay the balance to the Board within such time as the Board directs.

If, on the taking of the account, a balance is certified to be due to the Administrator, it shall be paid by the new Administrator out of the Represented Person's estate.

(6) Upon the death of an Administrator, the Board shall take his account from the date of his appointment or from the date of the last account which has been lodged with the Executive Officer.

If a balance is certified to be due from the estate of the Administrator, his legal personal representative shall pay the balance to the Board within such time as the Board directs.

If, on the taking of the account, a balance is certified to be due to the Administrator, it shall be paid to his legal personal representative by the new Administrator within such time as the Board directs.

(7) Upon the death of a Represented Person, the Administrator shall, within one month, lodge with the Executive Officer an account as provided in sub-rule (2) from the date of his appointment or from the date of the last account which has been lodged with the Executive Officer.

If, on the taking of the account, a balance is certified to be due from the Administrator, he shall pay the balance to the legal personal representative of the Represented Person within such time as the Board directs.

If a balance is certified to be due to the Administrator, it shall be paid to him by the legal personal representative of the Represented Person within such time as the Board directs.

- (8) If an Administrator makes default in bringing in his account or in having the same passed or in paying the balance certified to be due from him or in causing the same or any sum of cash under his control to be laid out, paid, or received pursuant to any certificate or direction in that behalf, the Board may, unless cause be shown to the contrary, disallow his salary or remuneration, if any, and may also charge him with interest at a rate of not more than 14.5% yearly upon any balance or cash for the time during which the same appears to have been improperly retained in hand or uninvested.
- (9) The Board may refer any account which has been lodged under Section 80 (1) or delivered under Section 80 (2) to the Public Trustee whereupon the Public Trustee shall perform an audit of that account.
- (10) In conducting an audit of any account referred to the Board the Public Trustee may perform any functions of the Board under Section 80 and Schedule 1 Part B Clause 7, or under sub-rules (3) and (4) of these rules save and except —
 - (a) the power to exempt an Administrator from submitting accounts pursuant to Section 80 (1);
 - (b) the power to allow an account or disallow any amount paid pursuant to Section 80 (3);
 - (c) the power to relieve an Administrator of liability pursuant to Section 80 (4);
 - (d) the power conferred upon the Executive Officer pursuant to Section 80 (6).

[(11) Repealed]

*[Rule 1 amended in Gazette 9 December 1994 pp.6680-81;
21 July 1995 p.3073.]*

Sch.

Schedule

FORM A

ESTATE INFORMATION FORM

When completed please return to the Executive Office of the Guardianship and Administration Board, Perth.

If exact replies cannot be given, give approximate details. If the space provided for any answer is insufficient please attach a separate sheet.

| | | |
|---|---------------|---------------------------------|
| 1. DETAILS OF THE REPRESENTED PERSON | | |
| Miss | | |
| Mrs | | |
| Dr/Mr | (Given Names) | (Surname) |
| Current Address | | |
| | | Postcode |
| Residential Address | | |
| | | Postcode |
| Phone: (Home) | (Work) | Date of Birth/...../..... |

| | |
|---|--|
| 2. RELATIVES | |
| FULL NAME | ADDRESS (If deceased give date and place of death) |
| Spouse or de facto partner | |
| Sons and Daughter (if under 21 years also give date of birth) | |
| | |
| | |
| Parent/s | |
| Brothers and Sisters | |
| | |
| | |

| | | |
|---|---------------------|---------------------------|
| 3. SALARY OR WAGES DUE TO THE REPRESENTED PERSON | | |
| Name of Employer | Address of Employer | Amount due or entitlement |

| | | |
|---|----------------|----------------------------|
| 4. BENEFIT (War, Invalid, Age, Service, Superannuation, Overseas, Annuity, Retiring Allowance) | | |
| Type of Benefit | Benefit Number | Source from which received |
| | | |

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| 5. DETAILS OF SERVICE IN ARMED FORCES | | |
|---|------|------|
| Regimental Number | Unit | Rank |
| If possible, state date of enlistment and discharge, and areas of service | | |

| 6. TAXATION | |
|---|---|
| Is the Represented Person liable to lodge Income Tax Returns? YES/NO* | If liable was a return lodged for year ended 30 June last? YES/NO* |
| File No. | Please attach copy of last return if applicable or give Name and Address of Accountant or Tax Agent who may have completed last return. |

| 7. REAL ESTATE (Including any Interest therein) | |
|---|--|
| Description (e.g. Land, House and Land, Shop Property, etc.) and Full Address | |
| Who holds title documents? | Name in which title stands or interest in property |
| Is property subject to mortgage? (please give details). | |
| If buildings are insured, state Name of Insurer and give details of Policy. | |
| Who occupies property? | |
| If property is vacant, give Name and Address of person holding keys. | |
| If property is let, state amount of rental, date to which paid and by whom collected. | |

*Strike out whichever is not applicable.

| 8. FURNITURE DESCRIPTION |
|---|
| Local of furniture |
| If furniture is insured, state Name of Insurer and give details of Policy |

| 9. PERSONAL EFFECTS (Clothing, books, tools, jewelry, etc) |
|---|
| Description and location of effects. |

| 10. BANK OR BUILDING SOCIETY ACCOUNTS | | | | |
|--|--------|----------------|------------------------------|---------|
| Name | Branch | Account Number | Location of Passbook or Card | Balance |
| | | | | |
| | | | | |

| 11. SHARES, STOCK UNITS, DEBENTURES, ETC | | | |
|---|--------|----------------|------------------------------|
| Name | Branch | Account Number | Location of Passbook or Card |
| | | | |

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12. MONEY INVESTED IN PUBLIC LOANS

| Borrowing Authority | Amount Invested | Interest Rate and date of Maturity | No. and Location of Receipt or Certificate |
|---------------------|-----------------|------------------------------------|--|
| | | | |
| | | | |

13. MONEY LOANED ON MORTGATE

Give full details, including nature of security and Name and Address of person who holds documents.

14. LIFE ASSURANCE

| Name of Company | Policy Number | Premium | Premium Payable By | Policy Held By |
|-----------------|---------------|---------|--------------------|----------------|
| | | | | |
| | | | | |

15. INTEREST IN AN ESTATE

| Name of Deceased | Date and Place of Death | Name and Address of Administrator and/or Solicitor |
|------------------|-------------------------|--|
| | | |

16. VEHICLES OR AGRICULTURE EQUIPMENT

| Make | Model and Year | Type | Registration Number |
|--|----------------|------|---------------------|
| Location of Vehicle | | | |
| In Whose Care | | | |
| Particulars of Comprehensive Insurance | | | |

17. LIVESTOCK (Horses, Cattle, Sheep, etc.)

| |
|--|
| Description, Location and Number of Livestock |
| Name and Address of person who has charge of stock |

18. GOODS ON HIRE PURCHASE OR LEASE

| Description of Goods | Name and Address of Finance Company and/or Dealer or Lessor |
|----------------------|---|
| | |
| | |

19. DEBTS DUE TO REPRESENTED PERSON

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| | | |
|----------------|-------------------|--------------|
| Name of Debtor | Address of Debtor | Amount Owing |
|----------------|-------------------|--------------|

| |
|--|
| 20. DETAILS OF ANY OTHER ASSETS, INTEREST OR ENTITLEMENTS |
| Please give description |
| |
| |
| |

| | |
|---|--------------------------|
| 21. FEES OF NURSING HOME, PRIVATE HOSPITAL etc | |
| Name and Address of Home, Hospital, etc. | |
| Weekly Fee Charged. | Date to Which Fees Paid. |

| | |
|---|---------------------------------------|
| 22. HOSPITAL AND MEDICAL FUND, BENEFIT OR FRIENDLY SOCIETY | |
| Name of Fund or Society | Membership Number and Nature of Cover |
| Location of Subscription Book (if applicable) | |

| | | |
|--|---------------------|--------------|
| 23. DEBTS OWING BY REPRESENTED PERSON (Please list all debts currently outstanding) | | |
| Name of Creditor | Address of Creditor | Amount Owing |
| | | |
| | | |
| | | |

| | |
|---|--|
| 24. WILL | |
| Has the Represented Person made a Will? YES/NO* | If so, who holds Will? (Attach a copy if possible) |

| |
|---|
| 25. POWER OF ATTORNEY |
| Has the Represented Person executed a Power of Attorney? YES/NO* |
| Date when Power of Attorney granted. |
| Name and Address of person in favour of whom Power of Attorney was given. |

* Strike out whichever is not applicable

| |
|--|
| 26. SOLICITOR |
| Name and address of Solicitor who may have acted for protected person. |

| |
|---|
| 27. ACCIDENTS |
| Please set out below full particulars of any accident, within the last six years, in which the Represented Person was injured. What action (if any) has already taken place to pursue either a claim for damages at Common Law or a claim for compensation pursuant to the provisions of the Workers' Compensation Act? |
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| 28. OTHER MATTERS |
| Please mention any matters or offer any suggestions which you consider might be of assistance in the management of the Represented Person's affairs. |
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| 29. OUTLINE OF PROPOSALS |
| Outline the way in which, over the next 12 months, you propose to deal with the Represented Person's assets including what you expect the annual income and expenses will be. |
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| 30. DECLARATION BY ADMINISTRATOR |
| I have read this completed form and consider to the best of my knowledge, that all of the information provided is true and correct, is not misleading and that no relevant information has been omitted. |

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| | |
|----------------------------------|------------|
| Signature of Administrator | Date |
|----------------------------------|------------|

[Form A amended in Gazette 30 Jun 2003 p. 2630.]

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Sch. _____

FORM B

STATEMENT OF ACCOUNT No.

In the Estate of

.....

From 19..... to 19.....

| Receipts | Amount | | Payments | Amount | |
|------------------------------------|---------------|--|-----------------------------|---------------|--|
| To balance form account No. | | | To balance from account No. | | |
| General Receipts as per Abstract 1 | | | Payment as per Abstract 2 | | |
| BALANCE | | | BALANCE | | |
| | | | | | |
| \$ | | | \$ | | |

(Signature of Deponent)

This is the account numbered “.....” with abstracts referred to in the accompanying affidavit of (name of Administrator)

Sworn before me this day of 19.....

.....
(Signature of Commissioner for Affidavits/Justice of Peace)

I certify that this account has been checked and audited and found to be correct and that the same is passed.

..... Date:

Board/Public Trustee

ABSTRACT 1 — RECEIPTS

In the estate of

From 19..... to 19.....

| No of Item | Date when received | Names of person from whom received | Particulars | Amount received |
|--|--------------------|------------------------------------|-------------|-----------------|
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| RENTS RECEIVED AS PER ABSTRACT 3 | | | \$ | |
| CARRY TOTAL TO STATEMENT OF ACCOUNT No. | | | \$ | |

(Signature):

Sch.

ABSTRACT 2 — DISBURSEMENTS

In the estate of

From 19..... to 19.....

| No of Item | Date when paid or allowed | Names of person to whom paid or allowed | For what purposes paid or allowed | Amount paid |
|--|---------------------------|---|-----------------------------------|-------------|
| | | | | |
| | | | | |
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| | | | | |
| | | | | |
| EXPENDITURE ON PROPERTY AS PER ABSTRACT 4 | | | \$ | |
| CARRY TOTAL TO STATEMENT OF ACCOUNT No. | | | \$ | |

(Signature):

Sch.

**ABSTRACT 4 — STATEMENT OF EXPENDITURE ON RENTED
PROPERTY PAID BY ADMINISTRATOR**

In the Estate of

From 19..... to 19.....

| Date | No. | Address Property Concerned | Nature of Expenditure and to Whom Paid | \$ | c |
|---|-----|----------------------------|--|----|---|
| | | | | \$ | |
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| | | | | | |
| CARRY TOTAL TO ABSTRACT 2 — “DISBURSEMENTS” | | | | \$ | |

(Signature):

ABSTRACT 5 — ASSETS

In the Estate of

Particulars of Assets as at

| Particulars | Title Deeds and other securities by whom held | Amount or Value | |
|-------------|--|--------------------|--|
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(Signature):

Sch.

ABSTRACT 6 — LIABILITIES

In the Estate of

Particulars of Liabilities as at

| Particulars | Amount |
|-------------|--------|
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(Signature):

FORM C
AFFIDAVIT VERIFYING ACCOUNT

On, 19....., I
(Name, address and occupation)

.....
.....

say on oath —

1. I am the Administrator of the estate of
..... (“the Represented Person”).
(Name of Represented Person)

2. The account number “.....” with abstracts, all of which have
been lodged by me, contain a full and true account of all moneys
belonging to the said Represented Person received by me or by any other
person on my behalf from the
..... 19....., to the 19.....

3. The several sums of money mentioned in the said account and abstracts
as having been paid have been actually paid by or allowed by me for or
on account of the estate of the Represented Person for the several
purposes specified. The said account and abstracts disclose the whole of
the moneys paid or allowed by me or by any other person on my behalf in
the said estate for the aforesaid period together with details of all assets
belonging to the Represented Person and details of liabilities owed by the
Represented Person.

.....
Deponent Commissioner for Affidavits/Justice of
the Peace

4. There is not, to the best of my knowledge and belief, any error or
omission in the said account and abstracts.

SWORN at in the said }
State of Western Australia this }
day of 19..... }

BEFORE ME:

A Commissioner of the Supreme Court of Western Australia for
taking Affidavits
or

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Justice of the Peace

[Schedule amended in Gazette 30 June 2003 p.2630.]

Notes

- ¹ This is a compilation of the *Rules of the Guardianship and Administration Board* and includes the amendments made by the other written laws referred to in the following table.

Compilation table

| Rule | Gazettal | Commencement |
|--|----------------------------|---|
| <i>Rules of the Guardianship and Administration Board</i> | 20 Oct 1992 p. 5210-20 | 20 Oct 1992 |
| <i>Guardianship and Administration Amendment Rules 1994</i> | 9 Dec 1994 p. 6680-81 | 9 Dec 1994 |
| <i>Guardianship and Administration Amendment Rules 1995</i> | 21 Jul 1995 p.3073 | 21 Jul 1995 |
| <i>Equality of Status Subsidiary Legislation Amendment Regulations 2003 Pt. 35</i> | 30 Jun 2003 p. 2581-638 | 1 Jul 2003 (see r. 2 and <i>Gazette</i> 30 Jun 2003 p. 2579) |