

STATE OF MICHIGAN PROBATE COURT COUNTY OF Montmorency	PROOF OF SERVICE	FILE NO. 24-001234-DD
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In the matter of Randy Candy

1. Titles of the papers served or mailed: Annual Report, Annual physical, PCE30, CMT annual report/narrative, and this proof of service (other attachments and reports may apply)

2. According to court rule, I served by first-class mail registered mail (copy of return receipt attached)
 certified mail (copy of return receipt attached) the papers described above on:

Name	Complete address of service	Date
<u>Kenneth Radikon</u>	<u>1310 S. 22ND. ST., Escanaba, MI 49829</u>	<u>8/15/2025</u>
<u>Sandy Candy (sister)</u>	<u>9278 14 mile Rd, Farmington Hills, MI 48335</u>	<u>8/15/2025</u>

3. According to court rule, I served by **personal service** the papers described above on:

Name	Complete address of service	Date and Time
<u>Montmorency Probate</u>	<u>12265 M32, Atlanta, MI 49709</u>	<u>8/15/2025</u>
<u>Randy Candy</u>	<u>9222 M33, Atlanta, MI 49709</u>	<u>8/15/2025</u>
<u>Gary Sommers (Standby)</u>	<u>1111 S. Side Rd., Atlanta, MI 49709</u>	<u>8/15/2025</u>

4. After diligent search and inquiry, I have been unable to find and serve the following interested persons. I have served these persons by publication. Attached are copies of form PC 617.

This may be sent to court by US mail, fax, or email.

I declare under the penalties of perjury that this proof of service has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Service fee	Miles traveled	Fee			
\$		\$			
Incorrect address fee	Miles traveled	Fee	TOTAL FEE		
\$		\$	\$ 0.00		

8/15/2025
Date
Sue Sommers
Signature
Sue Sommers
Name (type or print)

USE NOTE: If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

Do not write below this line - For court use only

Sample

PCS Code: CDP
TCS Code: RGD

STATE OF MICHIGAN PROBATE COURT COUNTY Montmorency	REPORT OF GUARDIAN ON CONDITION OF INDIVIDUAL WITH DEVELOPMENTAL DISABILITY	CASE NO. and JUDGE 24-001234-DD Hon. Lora E. Greene, P43911
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Court address 12265 M32, PO Box 789, Atlanta, MI 49709 - email: probate@montcounty.org fax: 989-785-8065	Court telephone no. 989-785-8064
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This report should be completed annually by the guardian or more often if directed by the court.

In the matter of Randy Candy
First, middle, and last name of individual with a developmental disability

1. I, Sue Sommers, am the guardian of the individual named above, and I report for the period 8/1/2024 to 7/31/2025.

Reports due 56 days after anniversary.

2. Present age of the individual: 37
3. The current address and telephone number of the individual are: 9292 M33, Atlanta, MI 49709
555-333-2222
 Check here if this is a new address

4. The individual's present living arrangement is:
 own home relative's home
 hospital or medical center guardian's home Relationship
 community placement home other:

5. The individual has been in the present residence since Aug. 1st 2024. Descriptions and addresses of every residence where the individual has lived during this reporting period and the length of stay at each residence are as follows: only this address

6. I rate the individual's present living arrangements as excellent. average. below average.
Explain if below average

7. I believe the individual is content with the living situation. unhappy with the living situation. I recommend a more suitable residence as follows: Describe

8. The individual's mental condition has remained about the same. improved. deteriorated.
Describe the changes

9. The individual's physical health has remained about the same. improved. deteriorated.
Describe the changes

* Please attach all reports. Reports must be dated in the range listed above.

10. The individual's social condition has remained about the same. improved. deteriorated.

Randy enjoys others in the facility.
Describe the changes

11. The individual has received the following services:
 medical. educational. vocational. other professional services.

Randy sees a new physician in Alpena for seizures.
Randy also sees a new case manager to assist in services w/ Nemcmitt.
Describe

12. My visits with and activities on behalf of the individual were: 8/15/2024 - visit w/ moving
room around, 12/24/2024 - Christmas party, 3/1/25 went out to lunch
and doctor appt., and 6/15/25 - enjoyed lunch at the park.

13. I believe the individual has the following needs:
Randy would benefit more physical/occupational
therapy for speech and walking.

14. I have the following questions concerning the individual or my responsibilities:
none at this time.

15. Other information requested by the court or necessary in the opinion of the guardian is as follows:
none at this time.

16. The guardianship should should not be continued because: Randy is in
need for care in his personal care and financial decisions.

17. I am am not willing to continue to serve as guardian.
NOTE: If you no longer wish to serve, you must file a Petition to Terminate/Modify Guardian for Developmentally Disabled Individual (PC 677).

18. As guardian, I have been ordered by the court to file an annual account, which is attached.

19. Comments: none

8/15/2025
Date
Sue Sommers
Signature of guardian
1111 S. Side Rd.
Address
Atlanta, MI 49109
City, state, zip
555-111-3333
Telephone no.
 Check here if this is a new address

Date

Signature of co-guardian (if applicable)

Address

City, state, zip

Telephone no.
 Check here if this is a new address

STATEMENT BY STANDBY GUARDIAN

I am the appointed standby guardian and am willing to continue to serve in the event the guardian dies, becomes unable to serve, or resigns from the guardianship.

8/15/2025
Date
1111 S. Side Rd.
Address

Mary Sommers
Signature of standby guardian
Atlanta, MI 49709 555-111-3333
City, state, zip Telephone no.

Check here if this is a new address