STATE OF NORTH CAROLINA COUNTY OF XXXXXX	L	IN THE GENERAL COURT OF JUSTICE SUPERIOR COURT DIVISION BEFORE THE CLERK FILE NO. XXXXXX
IN THE MATTER OF:	)	
XXXXXXXXXXXXXXXX,		ORDER AUTHORIZING SINGLE TRANSACTION
Ward.	)	SINGLE INANSACTION

THIS MATTER coming on to be heard and being heard before the undersigned Assistant Clerk of Superior Court of XXXX County, North Carolina, upon the Petition filed by the XXXX County Department of Social Services (hereinafter "the Department") to authorize a single transaction without appointing a Guardian of the Estate pursuant to N.C. Gen. Stat. §35A-1121(a)(1) and said Assistant Clerk hearing the evidence and reviewing the court file, the Court makes the following:

## **FINDINGS OF FACT:**

- 1. XXXXX is a current resident of XXXXX Rehab and Wellness and has been a resident at this facility since June 1, 2021.
- 2. The Department filed a Petition for Adjudication of Incompetence and Application for Appointment of Guardian on November 12, 2021 and in the Petition asked to be appointed Guardian of the Person for XXXXXX. In addition, the Department requested that the Clerk authorize a single transaction for the benefit of XXXXXX without appointing a Guardian of the Estate, pursuant to N.C. Gen. Stat. §35A-1121(a)(1).
- 3. At the hearing, XXXXXX was found to be incompetent by clear, cogent, and convincing evidence, and the Department was appointed as his Guardian of the Person.
- 4. XXXXXX receives Social Security in the amount of \$651.00 each month, and XXXX Rehab and Wellness, LLC is the representative payee for his Social Security income.
- 5. XXXXXX's only known asset is a bank account with Wells Fargo. The amount of funds in the account is not known.
- 6. XXXXXX currently has an outstanding bill of \$1,621.00 with XXX Rehab & Wellness relating to his cost of care at the facility. XXXX Rehab & Wellness is XXXXXX's only known creditor. XXXXXX has no known dependents.

- 7. XXXXX would benefit from an Order authorizing the Department to close the Wells Fargo bank account and authorizing the Department to direct Wells Fargo to pay the funds in the account to XXXX Rehab & Wellness to cover his outstanding bill. Any funds remaining after the bill is paid may be paid by Wells Fargo to XXXXXX's facility account at XXXX Rehab & Wellness, so long as the funds do not exceed the amount permitted by Medicaid, and may be used by XXXXXX to purchase toiletries, snacks, and other personal items.
- 8. XXXXXX does not require the continuing protection of a Guardian of the Estate.
- 9. It would be in XXXXXX's best interest to have the Wells Fargo bank account closed and to have the funds from the account used to pay his outstanding bill at XXXX Rehab and Wellness.
- 10. XXXXXX's sole known creditor, XXXX Rehab and Wellness, would also benefit from the payment of XXXXXX's outstanding bill with the funds from the aforementioned bank account.
- 11. The Court finds it proper to approve the authorization of a single transaction without appointing a Guardian of the Estate pursuant to N.C. Gen. Stat. § 35A-1121(a)(1) as it relates to XXXXXX's Wells Fargo bank account.
- 12. The Court finds that the Department is a suitable and proper entity to serve as a Special Fiduciary to carry out the aforementioned single transaction on XXXXXX's behalf.

## **BASED UPON THE FOREGOING FINDINGS OF FACT, the Court makes the** following Conclusions of Law:

- 1. The Court has jurisdiction over this matter, the matter was properly served and noticed for hearing, and all parties had an opportunity to be heard.
- 2. XXXXXX is an incompetent adult whose best interest would be served by the authorization of a single transaction to close his Wells Fargo bank account and pay his sole known creditor with the funds from the account.
- 3. The Court may authorize a special fiduciary to conduct a single transaction for the benefit of an incompetent person without appointing a Guardian of the Estate, pursuant to N.C. Gen. Stat. § 35A-1121(a)(1).

## IT IS THEREFORE ORDERED, ADJUDGED AND DECREED THAT:

1. The XXXX County Department of Social Services shall serve as a Special Fiduciary to carry out the single transaction of closing the Wells Fargo bank account belonging to XXXXX, with the following conditions:

a. Prior to closing the account, the Department shall ascertain the amount of funds in the account. If the amount of funds in the account exceeds \$3,000, the Department shall not close the account but shall promptly report to the Court with respect to the funds in the account, as a Guardian of the Estate may be necessary to administer the funds in the account.

b. If the amount of funds in the account is less than \$3,000, the Department shall direct Wells Fargo to pay \$1,621.00 to XXXX Rehab and Wellness to satisfy XXXXXX's outstanding bill. The Department shall direct Wells Fargo to pay any remaining funds to XXXXXX's facility account to pay for personal items, to the extent permitted without endangering Medicaid eligibility for XXXXXX.

c. Only the bill from XXXX Rehab and Wellness related to Mr. Smith's care and the payment to his facility account may be paid from his account without further court approval.

- 2. After the completion of the transaction described in this Order, the XXX County Department of Social Services shall file a written report with the Court. In the report, the Department shall set forth its findings regarding the Wells Fargo account balance, provide documentation showing that the account was closed, and provide documentation showing that the payment to XXXX Rehab and Wellness was completed and that any remaining funds were deposited in XXXXXX's facility account for his benefit.
- 3. The XXX County Department of Social Services shall complete this single transaction and file the aforementioned written report no later than February 1, 2021.
- 4. This Order shall have the same effect as any other Order issued by a Clerk or Judge of the Superior Court, and willful disobedience of the Order or failure to comply with the Order may result in the issuance of an Order to Show Cause.

This the \_\_\_\_\_ day of December, 2021.

XXXXXXX Assistant Clerk XXX County Clerk of Superior Court

## **CERTIFICATE OF SERVICE**

This is to certify that the undersigned has this date served a copy of the foregoing Order Authorizing Single Transaction by emailing a copy to counsel for each party and by depositing a copy hereof, postage prepaid, in the United States Mail properly addressed to the persons listed below:

This the \_\_\_\_\_day of December, 2021.

XXXXXX Assistant Clerk of Superior Court