

Guardianship of: \_\_\_\_\_

- I, \_\_\_\_\_ am the guardian of the above mentioned Incapacitated Individual and submit the following as my account, which covers the period from \_\_\_\_\_ to \_\_\_\_\_. This account contains a correct statement of all income and disbursements which have come to my knowledge.
- SUMMARY

Description	Dollar Amount
Balance on hand from last account or value of inventory if first account	
Add income in this accounting period	
Total assets accounted for	
Subtract disbursements in this accounting period	
Total balance of assets remaining	

Schedule A: Income in this accounting period		Schedule B: Expenses and other disbursements	
Total Income		Total Expenses	

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- This account lists all income and other receipts and expenses and other disbursements which have come to my knowledge.

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

\_\_\_\_\_  
 Signature of Attorney or Guardian

Date \_\_\_\_\_