

IN THE MATTER OF _____ CASE NO.: _____

Ward/Minor Ward/Protected Person

TO THE GUARDIAN: Complete only if funds have been spent from or added to the ward's/protected person's account(s) since the last inventory was submitted. Debit transactions, if any, must be included. Provide the information below or attach the information on separate pages similar to this form and format.

Bank Name: _____

ANNUAL ACCOUNTING

Last four digits of account number: _____

Beginning date of accounting: _____

Ending date of accounting: _____

Beginning Balance:

Date	Check Number	Received from/Paid to	Purpose	Amount received	Amount paid	Balance

(If more space is needed, use the "Additional Page" button below. Additional pages will number automatically. _____ of _____)

I swear or affirm, **under the penalties of perjury**, that I have examined the Annual Accounting and, to the best of my knowledge and belief, it is true, correct, and complete.