



In the Matter of

\_\_\_\_\_  
Name of person for whom guardianship is sought

Petitioner:

\_\_\_\_\_  
Street Address Apt # PO Box  
\_\_\_\_\_  
( )  
\_\_\_\_\_  
City State Zip Code Area Telephone  
Code

**ANNUAL FIDUCIARY REPORT**

I, \_\_\_\_\_, make this  periodic  final Fiduciary's Report for the  
Guardian of the Property  
period from \_\_\_\_\_ to \_\_\_\_\_.  
Date Date

**Part I.**

THE FIDUCIARY ESTATE now consists of the following assets: (Attach additional sheets, if necessary. State amount of any mortgages, liens, or other indebtedness, but do not deduct when determining estimated fair market value.)

**A. REAL ESTATE** (State location, liber/folio, balance of mortgage and name of lender, if any)

Location	Liber/Reference	Balance of Mortgage	Name of Lender	Est. Fair Market Value

**B. CASH AND CASH EQUIVALENT** (State the name of financial institution, account number and type of account) (**Attach Photocopies of Statements**)

Name of Bank	Account Number	Type of Account	Present Fair Market Value

**C. PERSONAL PROPERTY** (Itemize motor vehicles, regardless of value. Describe all other property generally if total value is \$1,500; state amount of any lien; itemize, if total value is over \$1,500)

Description of Property	Estimated Fair Market Value

**D. STOCKS** (State number and class of shares, name of corporation)

No. and Class of Share	Name of Company	Stock Value	Present Fair Market Value

**E. BONDS** (State face value, name of issuer, interest rate, maturity date)

Name of Issuer	Interest Rate	Face Value	Maturity Date	Present Fair Market Value

**F. OTHER** (Describe generally, e.g. debts owned to estate, partnerships, cash value of life insurance policies, etc.)

Description	Estimated Fair Market Value

Part II. The following was collected and disbursements were made: (attach additional sheets, if necessary)

**A. INCOME** (e.g. pension, social security, rent, annuities, dividends, interests, refunds)

Source Of Income	Amount
<b>TOTAL RECEIPTS</b>	

**B. DISBURSEMENTS** (State to whom paid and purpose of payment)

Summary Of Disbursements	Amount
<b>TOTAL DISBURSEMENTS</b>	

**C. SUMMARY**

Total Income: \_\_\_\_\_

Total Disbursements: \_\_\_\_\_

Net Income / (loss): \_\_\_\_\_

Part III. The following changes in the assets of the Fiduciary's Estate have occurred since the last account:  
(Attached additional sheets, if necessary.)

**A. ASSETS**

Date	Description of Transaction	Gross Purchase Price	Value at Date of Acquisition if Other than by Purchase

**B. ASSETS DELETED OR SOLD**

Date	Description of Transaction	Gross Proceeds	Selling Costs	Carrying Value	Gain / (Loss)

A summary of the Fiduciary's Estate is as follows:

<u>Type of Property</u>	<u>Value report on Inventory Report or last Fiduciary Report</u>	<u>Value report on this Fiduciary Report</u>
a. Real Estate	_____	_____
b. Cash & Equivalent	_____	_____
c. Personal Property	_____	_____
d. Stocks	_____	_____
e. Bonds	_____	_____
f. Other	_____	_____
Total	_____	_____

The Fiduciary bond, if any, which has been filed in this action in the amount of \$\_\_\_\_\_.

**VERIFICATION**

I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing inventory are true and correct to the best of my knowledge, information and belief.

\_\_\_\_\_  
Signature of the Fiduciary Date

\_\_\_\_\_  
Signature of the Fiduciary Date

\_\_\_\_\_  
Print Name of Fiduciary

\_\_\_\_\_  
Print Name of Fiduciary

\_\_\_\_\_  
Street Address Apt # PO Box

\_\_\_\_\_  
Street Address Apt # PO Box

( )  
City State Zip Code Area Code Telephone

( )  
City State Zip Code Area Code Telephone