

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

IN THE MATTER OF

Amended

Name _____

**Account of
Guardian/Conservator**

Annual Interim Final

Date of Birth _____

Case No. _____

UNDER OATH, I STATE:

I am the Guardian or Conservator of the above named ward or individual. I certify that this is an accurate account of the administration of the guardianship or conservatorship for the period from _____ to _____.

Line	Summary Explanation	Total
1.	Beginning Balance. Do not change this amount. <i>(Inventory net value or ending balance from prior account.)</i>	\$
2.	Total of newly discovered assets and income received during this period. (Add) <i>(Attach Schedule A- Assets and Income Received.)</i>	\$
3.	Subtotal	\$
4.	Total disbursements, distributions and losses incurred. (Subtract) <i>(List details in Schedule B – Disbursements, Distributions and Realized Capital Losses.)</i>	\$
5.	Ending Balance (Total Assets on Hand) at end of accounting period. <i>(List details in Schedule C – Assets on Hand.) Beginning Balance for next Account</i>	\$

Status of Surety on Bond

The status of the surety upon the guardian or conservator's bond

has not changed. has changed. Explain: _____

Guardian/Conservator		Co-Guardian/Conservator	
Name Printed or Typed	Telephone Number	Name Printed or Typed	Telephone Number
Address		Address	

State of _____

County of _____

Subscribed and sworn to before me on _____

Notary Public/Court Official

Name Printed or Typed

My commission/term expires: _____

State of _____

County of _____

Subscribed and sworn to before me on _____

Notary Public/Court Official

Name Printed or Typed

My commission/term expires: _____

(If the space given is insufficient for any item, attach additional sheets.)

Schedule A – Assets and Income Received

See attached

Description <i>(Example: Social security, pensions, interest, dividends, rental or other income, realized capital gains from assets sold for more than inventory value or purchase price if acquired after the initial inventory, assets discovered after filing initial inventory.)</i>	Amount
Enter Total on Page 1 Summary Explanation, Line 2.	\$

Schedule B – Disbursements, Distributions and Realized Capital Losses

See attached

Itemize Disbursements, Distributions and Realized Capital Losses <i>(Example: Costs of care of the ward/individual; payments made for the benefit of the ward/individual; assets sold for less than inventory value or purchase price if acquired after the initial inventory.)</i>	Amount
Enter Total on Page 1 Summary Explanation, Line 4.	\$

Schedule C – Assets on Hand (at end of accounting period)

See attached

Cash, Checking Accounts, Savings Accounts, Certificates of Deposit [Include Institution Name(s) and Account Type]	Amount
<i>(List balance at end of accounting period.)</i>	
Investments	Amount
<i>(List inventory value, or purchase price if acquired after the initial inventory.)</i>	
Real Estate/Property (Including Encumbrances)	Amount
(Description of property including digital property as defined under §711.03(10), Wis. Stats., legal description of real estate, and related encumbrances, liens or other charges against each item.)	
<i>(List inventory value, or purchase price if acquired after the initial inventory.)</i>	
Other Assets (Including Burial Trusts)	Amount
<i>(List inventory value, or purchase price if acquired after the initial inventory.)</i>	
Enter Grand Total on Page 1 Summary Explanation, Line 5.	\$

For Authorized Persons Only

Display of Assets and Examination of Accounts: I am not the guardian or conservator. I am authorized by the court to examine assets. I have examined all securities, depository accounts, and other investments, and such assets correspond with the account, except as indicated.

Authorized Signature (Not guardian/conservator)

Name Printed or Typed

Title

Date