

IN THE CIRCUIT COURT FOR ORANGE COUNTY, FLORIDA

PROBATE/ MENTAL HEALTH DIVISION

IN RE: GUARDIANSHIP OF

File No. 48-\_\_\_\_\_

GUARDIANSHIP REPORT  
ACCOUNTING OF GUARDIAN OF PROPERTY

FOR PERIOD COMMENCING:

\_\_\_\_\_

THROUGH:

\_\_\_\_\_

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SUMMARY

		<u>Income</u>	<u>Principal</u>	<u>Totals</u>
1. <u>Starting Balance</u>				
Assets per inventory or on hand at close of last accounting period		\$ _____	\$ _____	\$ _____
2. <u>Receipts</u>				
Schedule A: Income		\$ _____	\$ _____	\$ _____
Principal		\$ _____	\$ _____	\$ _____
Sub Total		\$ _____	\$ _____	\$ _____
3. <u>Disbursements</u>				
Schedule B: Income		\$ _____	\$ _____	\$ _____
Principal		\$ _____	\$ _____	\$ _____
Sub Total		\$ _____	\$ _____	\$ _____
4. <u>Capital Transactions and Adjustments</u>				
Schedule C: Net Gain or (Loss)		\$ _____	\$ _____	\$ _____
5. <u>Assets on Hand at Close of Accounting Period</u>				
Schedule D: Cash and Other Assets		\$ _____	\$ _____	\$ _____

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THROUGH:

\_\_\_\_\_

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SCHEDULE A

RECEIPTS

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Date	Brief Description of Items	Income	Principal
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\_\_\_\_\_

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SCHEDULE B

DISBURSEMENTS

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Date	Brief Description of Items	Income	Principal
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\_\_\_\_\_

THROUGH:

\_\_\_\_\_

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SCHEDULE C

CAPITAL TRANSACTIONS AND ADJUSTMENTS

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Date	Brief Description of Transactions	Net Gain	Net Loss
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TOTAL NET GAINS AND LOSSES

\$

\$

NET GAIN OR (LOSS)

\$

\$

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\_\_\_\_\_

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SCHEDULE D

ASSETS ON HAND AT CLOSE OF ACCOUNTING PERIOD

(Indicate where held and legal description, certificate numbers or other identification.)

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Estimated  
Current Value

Carrying Value

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ASSETS OTHER THAN CASH:

OTHER ASSETS TOTAL

\$ \_\_\_\_\_

\$ \_\_\_\_\_

CASH:

CASH TOTAL

\$ \_\_\_\_\_

TOTAL ASSETS

(Must agree with the Total for Item 5 on Summary)

\$ \_\_\_\_\_

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\_\_\_\_\_

THROUGH:

\_\_\_\_\_

The undersigned guardian(s) certifies that the Guardian(s) has/have obtained a receipt or cancelled check for all expenditures and disbursements made on behalf of the ward, which the Guardian(s) will preserve along with other substantiating papers for a three (3) year period after discharge of the Guardian(s), and will upon request be made available for inspection as the Court may order.

The required fee for auditing of this accounting is attached unless waived by court order).

Under penalties of perjury, I/we declare that I/we have read and examined the foregoing accounting and that, to the best of my/our knowledge and belief, it constitutes a full and correct account of all the ward's property of which the Guardian(s) has/have control, and is a complete report of all cash and property transactions and of all receipts and disbursements by the Guardian(s) from \_\_\_\_\_, \_\_\_\_\_, through \_\_\_\_\_, \_\_\_\_\_, and includes a statement of the ward's assets at the close of the accounting period.

Signed this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Guardian

\_\_\_\_\_  
Co-Guardian

\_\_\_\_\_  
Attorney for Guardian(s)

\_\_\_\_\_  
Ward (if applicable)

Florida Bar No. \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone: \_\_\_\_\_