## **COMPLETING THE ANNUAL ACCOUNTING**

Use this form to provide a line-by-line explanation of what has been received and what has been spent out of each of the ward's/minor ward's/protected person's accounts.

**Only** use this individual form if you did not use the form included in your annual packet.



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		1.	
	I swear or affirm, <b>under the penalties of perjury</b> , that I have examined the Annual Accounting and, to the best of my knowledge and belief, it is true, correct, and complete.		Sign the form, and enter your printed name, the date signed, your
<b></b>	Signature: Date: Printed Name: (of guardian and/or conservator)		address, telephone number, and your email address.
If completed by an attorney, enter your Bar Number.	Street Address/P.O. Box: City/State/ZIP Code: Telephone Number: Email address: If completed by an attorney: Bar Number:		
If there is a co-guardian or co-conservator, they will sign the form, and enter their printed name,	Is there more than one guardian and/or conservator? yes v no Signature: Date: Date: Date:		Check the box if there is a co-guardian or co-conservator. If "yes" is checked, the second signature block appears.
the date signed, their address, telephone number, and email address.	Bar Number:		