

STATE OF WISCONSIN, CIRCUIT COURT, EAU CLAIRE COUNTY

For Official Use

IN THE MATTER OF

Amended

Jane Doe

**Account of
Guardian or Conservator**
 Annual Interim Final

01-01-1977

Date of Birth

Case No. 14GN1000

I am the Guardian or Conservator of the above named ward or conservatee. I certify that this is an accurate account of the administration of the guardianship or conservatorship for the period from January 1, 2014 to December 31, 2014

Line	Summary Explanation	Total
1.	Beginning Balance. Do not change this amount. <i>(Inventory net value or ending balance from prior account.)</i>	\$ 100,000.00
2.	Total of newly discovered assets and income received during this period. (Add) <i>(Attach Schedule A- Assets and Income Received.)</i>	\$ 3,775.00
3.	Subtotal	\$ 103,775.00
4.	Total disbursements, distributions and losses incurred. (Subtract) <i>(List details in Schedule B – Disbursements, Distributions and Realized Capital Losses.)</i>	\$ 12,805.00
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>	\$ 90,970.00

Status of Surety on Bond

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

has not changed. has changed. Explain: _____

Signature of Guardian/Conservator		Signature of Co-Guardian/Conservator	
Name Printed or Typed Jean Guardian	Telephone Number 715-555-1111	Name Printed or Typed	Telephone Number
Address 999 North Street, Eau Claire, WI 54701		Address	
Subscribed and sworn to before me on <u>February 5, 2015</u>		Subscribed and sworn to before me on _____	
_____ Notary Public/Court Official		_____ Notary Public/Court Official	
My commission expires: <u>June 10, 2020</u>		My commission expires: _____	

Name of Attorney	Telephone Number	Bar Number
Address		

(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
Interest: Burial Trust, Wells Fargo Bank, #202-202	50.00
Interest: Checking Account, Wells Fargo Bank, #303-303	25.00
Interest: CD, Royal Credit Union, #404-404	100.00
Social Security x 12 months @ \$300/mo.	3,600.00
Total: (Enter in Summary on Line 2 on page 1.)	\$ 3,775.00

Schedule B – Disbursements, Distributions and Realized Capital Losses

See attached.

Itemize Disbursements, Distributions and Realized Capital Losses <i>(Example: Costs of care of the individual; payments made for the benefit of the individual; assets sold for less than inventory value or purchase price if acquired after the initial inventory.)</i>	Amount
Oakwood Villa Nursing Home - 12 months @ \$1,000/mo	12,000.00
Clothing: J.C. Penneys - \$50, Target \$75, Shopko \$50	175.00
Surety Bond Premium	350.00
Medical Expenses: Dr. Graca and Get Well Pharmacy	80.00
Attorney Fees - Tina Attorney	200.00
Total: (Enter in Summary on Line 4 on page 1.)	\$ 12,805.00

