

For Official Use

STATE OF WISCONSIN, CIRCUIT COURT, \_\_\_\_\_ COUNTY

Amended

IN THE MATTER OF

Account of  
Guardian or Conservator  
 Annual  Interim  Final

Case No. \_\_\_\_\_

Date of Birth \_\_\_\_\_

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 \_\_\_\_\_ 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. <b>(Add)</b> <i>(Attach Schedule A- Assets and Income Received.)</i>	\$
3.	Subtotal	\$
4.	Total disbursements, distributions and losses incurred. <b>(Subtract)</b> <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: \_\_\_\_\_

Signature of Guardian/Conservator		Signature of Co-Guardian/Conservator	
Name Printed or Typed	Telephone Number	Name Printed or Typed	Telephone Number
Address		Address	
Subscribed and sworn to before me on _____ _____ Notary Public/Court Official		Subscribed and sworn to before me on _____ _____ Notary Public/Court Official	
My commission expires: _____		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
<b>Total:</b> (Enter in Summary on Line 2 on page 1.)	\$

**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
<b>Total:</b> (Enter in Summary on Line 4 on page 1.)	\$

Cash, Checking Accounts, Savings Accounts, Certificates of Deposit (Including Names and Account Numbers)	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 (Including Encumbrances)	Amount
<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>	
<b>Grand Total:</b> (Enter in Summary on Line 5 on page 1.)	\$

***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