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

IN THE MATTER OF

Amended

Name \_\_\_\_\_

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

**Account of  
Guardian/Conservator**  
 Annual  Interim  Final  
**(Adult Guardianship and  
Conservatorship)**

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

**I DECLARE THAT:**

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. <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: \_\_\_\_\_

**I declare under the criminal penalty of false swearing that the information I have provided is true and accurate.**

Guardian/Conservator's Signature \_\_\_\_\_

Name Printed or Typed \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Date \_\_\_\_\_ State Bar No. (if any) \_\_\_\_\_

**I declare under the criminal penalty of false swearing that the information I have provided is true and accurate.**

Co-Guardian/Conservator's Signature \_\_\_\_\_

Name Printed or Typed \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Date \_\_\_\_\_ State Bar No. (if any) \_\_\_\_\_



**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
<small>(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.)</small>	
<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>Enter Grand Total on Page 1 Summary Explanation, Line 5.</b>	\$

**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

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Email Address

\_\_\_\_\_  
 Telephone Number

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 State Bar No. (if any)