

**IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON  
 IN AND FOR THE COUNTY OF CLARK**

In re the Guardianship of:

**No.**

- 1 year
- 3 year
- Other \_\_\_\_\_
- Final

an Incapacitated Person.

**Accounting of Guardian**

I, \_\_\_\_\_ Guardian of the above-named incapacitated person, hereby certify that the attached hereto is a true and correct statement of the receipts , and, disbursements of the Guardian for the following time period: , \_\_\_\_\_, \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_.

Month and day                  Year                  Month and day                  Year

I further certify that this report contains a true and correct statement of the assets and liabilities of this estate, and that the balances are as follows, as of \_\_\_\_\_, \_\_\_\_\_.

Month and day                  Year

<b>Bank Account(s)</b>	\$ _____
<b>Personal Property</b>	\$ _____
<b>Investments</b>	\$ _____
<b>Real Estate (Fair Market Value/Assessed Value)</b>	\$ _____
<b><u>Less</u> Liens or other liabilities of the estate or its property</b>	\$(-) _____
<b>Net value of estate</b>	\$ _____

The amount of the court-ordered bond is \$ \_\_\_\_\_

The court has ordered restrictions on the following assets: (Describe herein the assets and nature of the restrictions) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I have/have not used the incapacitated person's property; have/have not had financial dealings with the incapacitated person, or his/her property; or obtained any benefit from the incapacitated person during the past year. (If the answer is in the affirmative, please explain.)

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

(I) (We) declare under penalty of perjury as defined by the laws of the State of Washington that the foregoing is true and correct.

\_\_\_\_\_  
(Guardian's Signature)

\_\_\_\_\_  
(Guardian's Signature)

**Printed name and address**

Guardian \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail \_\_\_\_\_



**DISBURSEMENTS**

<b>Bond Premiums</b>	\$ _____
<b>Attorney Fees (Guardianship)</b>	\$ _____
<b>Attorney Fees (Other)</b>	\$ _____
<b>Guardian Fees</b>	\$ _____
<b>Rent/House Payment</b>	\$ _____
<b>Utilities</b>	\$ _____
<b>Room and Board</b>	\$ _____
<b>Food</b>	\$ _____
<b>Medical</b>	\$ _____
<b>Life Insurance</b>	\$ _____
<b>Health Insurance</b>	\$ _____
<b>Auto Insurance</b>	\$ _____
<b>Other Insurance (Specify) _____</b>	\$ _____
<b>Income Taxes</b>	\$ _____
<b>Property Taxes</b>	\$ _____
<b>Other Taxes (Specify) _____</b>	\$ _____
<b>Home Repair/Maintenance</b>	\$ _____
<b>Auto Repair/Maintenance</b>	\$ _____
<b>Other Repair/Maintenance</b>	\$ _____
<b>Personal Allowance</b>	\$ _____
<b>Clothing</b>	\$ _____
<b>Fines/Penalties</b>	\$ _____

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<b>Court Costs</b>	\$ _____
<b>Travel</b>	\$ _____
<b>Other (Specify) _____</b>	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**TOTAL DISBURSEMENTS** \$ \_\_\_\_\_

**NOTE:** *Disbursements paid by check must be listed by number and payee, and must accompany this itemization.*

*Statements from bank and/or other accounts must accompany this accounting. If statements are not enclosed, the accounting is not complete.*

**SUMMARY**

<b>Balance at Last Accounting</b>	\$ _____
<b>Total Receipts (this accounting)</b>	\$ _____
<b>Total Disbursements (this accounting)</b>	\$ _____
 <b>Current Balance</b>	 \$ <u>_____</u>

*Statements from bank and/or other accounts must accompany this accounting. If statements are not enclosed, the accounting is not complete.*

**ASSETS**

**PERSONAL PROPERTY**

	<u>Value at Prior Accounting</u>	<u>Present Value</u>	<u>Increase/ Decrease</u>
Cash, checking/savings accounts (List banks and account numbers)	\$ _____	\$ _____	\$ _____
Investments (Mortgages, contracts, savings certificates, stocks, bonds, etc)	\$ _____	\$ _____	\$ _____
Other Personal Property	\$ _____	\$ _____	\$ _____
<b>TOTAL</b>	\$ _____	\$ _____	\$ _____

**REAL PROPERTY**

<b>Address:</b>	<b>Assessed Value</b>	<b>Fair Market Value</b>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
<b>TOTAL</b>	\$ _____	\$ _____

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**LIABILITIES**

**Outstanding debt on real property:**

**Mortgage Holder** \_\_\_\_\_

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

**Other Debt:**

**Debtor** \_\_\_\_\_

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

**SUMMARY**

**TOTAL ASSETS (Use fair market value for Real Property)** \$ \_\_\_\_\_

**TOTAL LIABILITIES** \$ \_\_\_\_\_

**NET WORTH** \$ \_\_\_\_\_

**INVESTMENT ACTIVITY**

**Investments (including real estate) sold, traded, or disposed of during this period of accounting:**

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**Investments purchased during this period of accounting:**

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