

PROBATE COURT OF SUMMIT COUNTY, OHIO

GUARDIANSHIP OF: _____

CASE NO. _____

GUARDIAN'S ACCOUNT

(R.C. 2109.302)

_____ Account. (Annual or Final) Page ____ of ____.

This Account covers the period from _____ to _____.

SUMMARY OF ACCOUNT

(Recapitulation)

CHARGES:

Inventory or Assets on Hand from last Accounting \$ _____

Gain on Value of Assets - (Schedule A) _____

Receipts - (Schedule B) _____

TOTAL CHARGES \$ _____

CREDITS:

Disbursements - (Schedule C) \$ _____

Loss on Value of Assets - (Schedule D) _____

Assets on Hand:

Total Deposits - Schedule E-1 _____

All Other Assets - Schedule E-2 _____

Total Assets on Hand _____

TOTAL CREDITS \$ _____

The account contains a full statement, as evidenced by the above summary and the attached Schedules, of all charges against me and of all credits to which I am entitled in the estate during the accounting period.

Date _____
(Use this date on all attachments)

Guardian _____

SCHEDULE A - GAIN ON VALUE OF ASSETS
 (Including Gain(s) on Sale(s))

Date _____
 (As shown on Summary of Account)

Page _____ of _____.

1. **DESCRIPTION OF ITEM SOLD** _____

SOLD FOR	\$ _____	
VALUE ON INVENTORY	\$ _____	
NET GAIN ON SALE		\$ _____

2. **DESCRIPTION OF ITEM SOLD** _____

SOLD FOR	\$ _____	
VALUE ON INVENTORY	\$ _____	
NET GAIN ON SALE		\$ _____

3. **DESCRIPTION OF ITEM SOLD** _____

SOLD FOR	\$ _____	
VALUE ON INVENTORY	\$ _____	
NET GAIN ON SALE		\$ _____

4. **DESCRIPTION OF ITEM SOLD** _____

SOLD FOR	\$ _____	
VALUE ON INVENTORY	\$ _____	
NET GAIN ON SALE		\$ _____

5. **DESCRIPTION OF ITEM SOLD** _____

SOLD FOR	\$ _____	
VALUE ON INVENTORY	\$ _____	
NET GAIN ON SALE		\$ _____

TOTAL GAIN - THIS PAGE (Insert on Form 15.8, Page 1) \$ _____

SCHEDULE D - LOSS ON VALUE OF ASSETS
(Including Loss(es) on Sale(s))

Date _____
(As shown on Summary of Account)

Page _____ of _____.

1. **DESCRIPTION OF ITEM SOLD** _____

VALUE ON INVENTORY \$ _____
SOLD FOR \$ _____
NET LOSS ON SALE \$ _____

2. **DESCRIPTION OF ITEM SOLD** _____

VALUE ON INVENTORY \$ _____
SOLD FOR \$ _____
NET LOSS ON SALE \$ _____

3. **DESCRIPTION OF ITEM SOLD** _____

VALUE ON INVENTORY \$ _____
SOLD FOR \$ _____
NET LOSS ON SALE \$ _____

4. **DESCRIPTION OF ITEM SOLD** _____

VALUE ON INVENTORY \$ _____
SOLD FOR \$ _____
NET LOSS ON SALE \$ _____

5. **DESCRIPTION OF ITEM SOLD** _____

VALUE ON INVENTORY \$ _____
SOLD FOR \$ _____
NET LOSS ON SALE \$ _____

TOTAL LOSS - THIS PAGE (Insert on Form 15.8, Page 1) \$ _____

CASE NO. _____

SCHEDULE E-1 - MONIES ON DEPOSIT
(Use one form for each Institution.)

_____ Account. Page _____ of _____.

This Account covers the period from _____ to _____.

<u>Account No.</u>	<u>Type of Account</u>	<u>Amount</u>
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CERTIFICATION

(A current bank statement may be filed (attach to this Schedule) in lieu of Certification)

I hereby certify that on the date of _____, the above –
named account(s) is on deposit, in the total amount of \$ _____,
in the name of _____,
as guardian or conservator of _____.

(Seal or Stamp of Institution)

Name of Institution

By _____
Authorized Signature

CASE NO. _____

SCHEDULE E-2 - ALL OTHER ASSETS ON HAND

(Please type or print)

(Monies on deposit must be listed on Schedule E-1. List all other assets on this form.)

Date _____
(As shown on Summary of Account)

Page _____ **of** _____.

ITEM NO.
