

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 \_\_\_\_\_.

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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 \_\_\_\_\_.

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<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** \_\_\_\_\_.

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ITEM NO.

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PROBATE COURT OF SUMMIT COUNTY, OHIO

GUARDIANSHIP OF: \_\_\_\_\_

CASE NO. \_\_\_\_\_

APPLICATION-COMPUTATION OF GUARDIAN FEES

ACCOUNTING PERIOD OF \_\_\_\_\_ 20\_\_\_\_ TO \_\_\_\_\_ 20\_\_\_\_

I.	INCOME FOR ACCOUNTING PERIOD	\$ _____
	5% of first \$100,000	_____
	3% of balance	_____
	Total	\$ _____
II.	AUTHORIZED EXPENDITURES	\$ _____
	5% of first \$100,000	_____
	3% of balance	_____
	Total	\$ _____
III.	TOTAL ORDINARY FEES	\$ _____
IV.	EXTRAORDINARY FEES (Itemize and attach time records)	\$ _____
V.	TOTAL FEES REQUIRED	\$ _____
VI.	MINIMUM ANNUAL FEE	\$ _____ 300.00
VII.	GREATER OF "V" OR "VI"	\$ _____
VIII.	TOTAL FEES REQUESTED	<b>\$ _____</b>

I have read and understand the above computation of fees, and submit they are necessary and reasonable for the administration of the guardianship for which I am guardian. I, therefore, request the Court's approval of payment of those fees from the assets of the said guardianship.

\_\_\_\_\_  
Attorney for Guardian

\_\_\_\_\_  
Guardian

\_\_\_\_\_  
MAGISTRATE

\_\_\_\_\_  
DISPOSITION