

Annual Accounting Cover Sheet

Case No: _____

ANNUAL ACCOUNTING

Name: _____

If Minor: Date of Birth: _____ Date of Majority: _____
Non-Minor: Date of Birth: _____ Date of Death: _____

Period of Accounting: _____ To _____

Type:

- ESTATE
- CONS
- GDNSH
- TRUST

Acct Filed: _____
Proof of Notice filed: _____
Objection Date Exp: _____

Inventory or Previous Assets on Hand: \$ _____

Income/receipts: Last account: \$ _____ This account: \$ _____

Expenses: Last account: \$ _____ This account: \$ _____

Total Assets on Hand this Account: \$ _____

Plus: Estimated Annual Income: \$ _____

Total: \$ _____

Less: Total Restricted Assets: (Ack?) \$ _____

Atty Fees: \$ _____

Fiduciary Fees: \$ _____

Assets to be Bonded: \$ _____

Current Bond: \$ _____ Sufficient? Still in Effect?

Fiduciary Fees/Costs This Acct \$ _____ Itemized? Checked?

Attorney Fees/Costs This Acct \$ _____ Itemized? Checked?

Next Accounting Due:

Comments: _____

Date: _____ **Name:** _____