[NOTE: This form illustrates the accounting format required by UTCR 9.160. Each accounting must also comply with all other applicable statutes and court rules. An accounting filed in the court need not include check boxes, instructions in the form shown in bracketed italics, and portions of the form inapplicable to the individual accounting.]

For the Co	URT OF THE STATE OF OREGON unty ofobate Department]					
In the Matter of the [Mark one]  □ Conservatorship □ Estate of  □ Protected Person □ Decease	) Case no	⁄ annual				
The □ conservator □ personal represent Accounting, covering the period from ("the accounting period").	sentative ("the Fiduciary") presents th, 20 through	nis <i>[Title]</i> , 20				
Bonding and Asset Restrictions. [N	Mark (a) or (b).]					
so state and show date of the	No bond is required because [If the bond was waived by court order so state and show date of the order. If the bond is waived by statute or rule, so state and identify the statute or rule.]					
(b) ☐ The current amount of the total	bond, including riders, is \$	•				
[Complete the following information of the complete the complete the following information of the complete the	ation for interim (annual) accounts only	/.]				
Value of the assets on last date Plus: estimated income for next Total assets and income Less: value of restricted assets (Orders restricting asset)	t accounting period	\$ \$ \$				
Unrestricted assets and income	e requiring bond or new restrictions	\$				

(c)		Fiduciary requests the following changes in the amount of the existing bond octions on assets or income. [Check all that apply.]	r in
		None.  Reduce the bond to \$  Increase the bond to \$  Restrict the following assets:  Remove the restrictions from the following assets:	
(d)	[If app	propriate, explain the Fiduciary's request for the bond and restrictions.]	
		2	

**Asset Schedule.** The following [or Exhibit 1 hereto] is a complete and accurate statement of all assets owned by the estate or conservatorship at any time during the accounting period and the Fiduciary's estimate of the value of each asset: [If preferred, attach an exhibit using the following format.]

Description of Asset*	Beginning Value	Value of Later- Acquired Asset	Value at Disposition	Current (Ending) Value
TOTALS				

<sup>\* [</sup>For assets restricted by court order, include the date and title of the order. For any asset acquired or disposed of during the accounting period, include the date of acquisition or disposal. For a depository (an account into which funds are received or from which funds are disbursed) include the separate paragraph or exhibit with the statement of receipts and disbursements.]

				0.	
and acco	urate sch	edules of funds receive	d ir	following [or Exhibits to hereton and disbursed from each depository nting period. [If preferred, attach exhibits]	account of the
(a) [	State nan	ne of depository and acc	our	nt number.]	
Date		Source of Receipt G BALANCE		Explanation	Amount
TOTAL R	RECEIPTS				
TOTAL R	RECEIPTS	PLUS (+) OPENING BALA	ANC	E	
Date	Check #	Payee		Explanation	Amount
ENDING TOTAL D [Reconc	ISBURSE ile any di	(Total Receipts, Plus (+) OpmENTS PLUS (+) ENDING (ference between the ac	G B	ng Balance, Minus (-) Total Disbursements) ALANCE unting ending balance for the deposito pository statement filed with this accour	
(b) [/	Add a sep	oarate subparagraph or e	exh	ibit for each additional depository accor	unt.]
				4.	
disburse statement estate and end of the	ement and nts from ssets are he accoul c). Other	I showing the name of the banks, brokerage firms deposited showing the name period. If vouchewise mark (a) or (b).]	the post of the po	nents. [Vouchers are documents expayee, date, and amount. Depository assurance companies, and similar entiplance in the depository account at the and depository statements are filed without the control of the control	statements are ties with which beginning and th the account,
		By court order here By the following sta	in d tute	lated e or court rule:	

(b)		The Fiduciary requests that the Court waive the requirement of filing vouchers and depository statements for this accounting. The vouchers and depository statements are located at the following address: The vouchers and depository statements will be available for examination by interested persons at that location until one year after the approval of the final accounting herein.
(c)		The Fiduciary requests that vouchers and depository statements filed with this accounting be returned. A self-addressed envelope with adequate postage for return of the documents is attached to the vouchers.
		5.
[Descri	nting pe ibe all tions to	ive Description of Changes during the Accounting Period. During the eriod the following changes in the assets or financial circumstances occurred: changes not clearly disclosed in the Asset Schedule, including, without limitation, previously declared values, omitted assets, the closing of an account, the sale or asset, a significant change in living expenses, or a stock split.]
(a)	[Use a	s many subparagraphs as necessary to separately describe each change.]
(b)		
		6.
relation disclos expens person genera	followin nship w sure sha ses, and not el	ary Disclosures. [Disclose and explain every transaction if the transaction was any g: (a) A gift. (b) A transaction with a person or entity with whom the Fiduciary has a which could compromise or otherwise affect decisions made by the Fiduciary. The fall include, but is not limited to, payment for goods, services, rent, reimbursement of d any other like transactions. (c) A payment for goods or services provided by a magaged in an established business of providing similar goods or services to the like. (d) A payment for goods or services at a rate higher than that ordinarily charged to ablic.]
(a)	[Use a	s many subparagraphs as necessary to separately describe each transaction.]
(b)		
		7.
	Fees.	[Insert any information regarding requests for Fiduciary or attorney fees and costs.]
		8.
	Notice	. [Insert any required information addressing the Fiduciary's notice requirements.]

Other Matters. [Add as many additional paragraphs as may be needed to justify requests for court orders included in the prayer of the accounting and to comply with requirements applicable to the particular accounting, such as the representations concerning tax filings required by ORS 116.083(3)(a) in a final account for a decedent's estate. If necessary, add an appropriate indication of relief requested to the title of the accounting. It is the responsibility of the Fiduciary and the attorney for the Fiduciary to identify and comply with all requirements imposed by statue, rule, or court order.]

WHEREFORE the Fiduciary prays for an order:

			[If applicable. Generally annual accounts in decedent's ntil the final account is approved.]
		Setting the amount of the be bond amount is requested	ond at \$ [Include this provision only it in Paragraph 1.]
provisio	3. on only	Changing the asset restrif a change of the asset restri	ctions as follows: [Include this ictions is requested in Paragraph 1.]
		Directing the payment of \$_ attorney fees incurred by the	as reasonable Fiduciary's fee and \$ e Fiduciary. <i>[If applicable.]</i>
	5.	[Set forth any additional relie	ef requested.]
		<del>-</del>	atement is true to the best of my knowledge and belief, evidence in court and is subject to penalty for perjury.
	Dated _	, 20	
			[Print name of Fiduciary signing above]
			[Mark one:]   Conservator   Personal representative

## IN THE CIRCUIT COURT OF THE STATE OF OREGON COUNTY **Probate Department** In the matter of the Guardianship Estate Case No \_\_ of: **DEPOSITORY CERTIFICATION OF FUNDS ON DEPOSIT** ☐ A Protected Person ☐ Deceased I hereby certify that the following funds were on deposit in the name of this conservatorship/ estate as of \_\_\_\_\_ (date): Type of Account Account # Balance Maturity (last 4 digits) I hereby declare that the above statement is true to the best of my knowledge and belief, and that I understand that it is made for use as evidence in court and subject to penalty for perjury. DATE SIGNED: Signature Print Name and Title

Note: This document must be signed by an officer or person authorized to certify the accounts at the institution.

Address and Telephone Number

Name of Financial Institution