IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF JOSEPHINE

In the Matter of the ❑ Conservatorship ❑ Estate of _____, ❑ Protected Person ❑ Deceased	)))))))	Case no.: _____ _____ ACCOUNTING

The ❑ conservator ❑ personal representative ("the Fiduciary") presents this _____ Accounting, covering the period from _____, 20___ through _____, 20___ ("the accounting period").

The beginning total balance for the accounting period is $_____.

For first annual accountings the beginning balance must match the balance reported in the inventory. For second and subsequent annual accountings the beginning balance must match the ending balance of the previous accounting.

1.

Bonding and Asset Restrictions.

(a) ❑ No bond is required because _____

(b) ❑ The current amount of the total bond, including riders, is $_____.

Value of the assets on last date of this accounting period	$_____
Plus: estimated income for next accounting period	$_____
Total assets and income	$_____
Less: value of restricted assets and income	$_____
(Orders restricting assets or income are dated _____)	
Unrestricted assets and income requiring bond or new restrictions	$_____

(c) The Fiduciary requests the following changes in the amount of the existing bond or in restrictions on assets or income.

❑ None.
❑ Reduce the bond to $_____.
❑ Increase the bond to $_____.
❑ Restrict the following assets: _____.
❑ Remove the restrictions from the following assets: _____.

(d) Explanation of the Fiduciary's request:

_____

_____

_____

2.

Asset Schedule. The following 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:

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

3.

Receipts and disbursements. The following are complete and accurate schedules of funds received in and disbursed from each depository account of the estate or conservatorship during the accounting period.

(a) Name of Depository: _____ Account Number: _____

Receipts

Date	Source of Receipt	Explanation	Amount
	OPENING BALANCE		
TOTAL RECEIPTS			
TOTAL RECEIPTS PLUS (+) OPENING BALANCE			

Disbursements

Date	Check #	Payee	Explanation	Amount
TOTAL DISBURSEMENTS				
ENDING BALANCE (Total Receipts, Plus (+) Opening Balance, Minus (-) Total Disbursements)				
TOTAL DISBURSEMENTS PLUS (+) ENDING BALANCE				

4.

Vouchers and Depository Statements.

(a) ❑ The filing of vouchers and depository statements was waived.
❑ By court order dated _____.

(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.

Narrative Description of Changes during the Accounting Period. During the accounting period the following changes in the assets or financial circumstances occurred:

_____
_____
_____
_____
_____
_____
_____
_____

6.

Fiduciary Disclosures:

_____

_____

_____

7.

Fees:

_____

_____

_____

8.

Notice Requirements:

_____

_____

_____

9.

Other Matters:

_____

_____

WHEREFORE the Fiduciary prays for an order:

1. Approving this accounting
2. Setting the amount of the bond at $_____.
3. Changing the asset restrictions as follows: _____.
4. Directing the payment of $_____ as reasonable Fiduciary's fee and $_____ as reasonable attorney fees incurred by the Fiduciary.
5. Additional Relief Requested:_____

I hereby declare that the above statement is true to the best of my knowledge and belief, and that I understand it is made for use as evidence in court and is subject to penalty for perjury.

Date Signed	Signature of Fiduciary
❑ Conservator ❑ Personal representative	Printed Name of Fiduciary

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF JOSEPHINE

In the matter of the ☐ Guardianship ☐ Estate of: ☐A Protected Person ☐ Deceased	)	Case No _____ **DEPOSITORY CERTIFICATION OF FUNDS ON DEPOSIT**

I hereby certify that the following funds were on deposit in the name of this conservatorship/ estate as of _____ (date):

Account # (last 4 digits)	Type of Account	Balance	Maturity

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

_____ _____
Name of Financial Institution Address and Telephone Number

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

EXHIBIT ___: Fiduciary Advancements & Reimbursements

The fiduciary discloses the following advancements and reimbursements paid during the accounting period. Documented proof of the amount and purpose of each disclosed transactions are attached to this exhibit.

Date	Adv or Reimb.?	From Account	Payee (who was paid)	Reason for payment

IN THE CIRCUIT COURT OF THE STATE OF
OREGON FOR THE COUNTY OF JOSEPHINE

In the Matter of the ❑ Conservatorship ❑ Estate of _____ ❑ Protected Person ❑ Deceased	))))))	Case No.: _____ **ORDER APPROVING** _____ **ACCOUNTING**

The _____ accounting is hereby:

❑ Approved
❑ Denied and this case shall be set for a show cause hearing.

_____

Certificate of Readiness This proposed order is ready for judicial signature because this order is being submitted after proper notice to interested parties has been given and no objections have been filed.

_____ _____
Signature Date

_____
Print Name

_____
Address (or contact address)

_____
City, State, Zip Telephone

[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 brackets and bolded, and portions of the form inapplicable to the individual accounting.]

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF _____

In the Matter of the ***[Mark one]***	)	Case no. _____
❑ Conservatorship ❑ Estate of	)	
	)	***[TITLE]*** ACCOUNTING
_____,	)	***[The title must distinguish the***
[Mark one]	)	***accounting from all prior accountings***
❑ Protected Person ❑ Deceased	)	***by annual accounting number,***
	)	***time period, or "FINAL".]***

The ❑ conservator ❑ personal representative ("the Fiduciary") presents this ***[Title]*** _____ Accounting, covering the period from _____, 20___ through _____, 20___ ("the accounting period").

The beginning total balance for the accounting period is $_____.

For first annual accountings the beginning balance must match the balance reported in the inventory. For second and subsequent annual accountings the beginning balance must match the ending balance of the previous accounting.

1.

Bonding and Asset Restrictions. ***[Mark (a) or (b).]***

(a) ❑ 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 for interim (annual) accounts only.]

Value of the assets on last date of this accounting period	$_____
Plus: estimated income for next accounting period	$_____
Total assets and income	$_____
Less: value of restricted assets and income	$_____
(Orders restricting assets or income are dated _____)	
Unrestricted assets and income requiring bond or new restrictions	$_____

(c) The Fiduciary requests the following changes in the amount of the existing bond or in restrictions on assets or income. ***[Check all that apply.]***

- ❑ None.
- ❑ Reduce the bond to $_____.
- ❑ Increase the bond to $_____.
- ❑ Restrict the following assets: _____.
- ❑ Remove the restrictions from the following assets: _____.

(d) ***[If appropriate, 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				

**** [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.]***

3.

Receipts and disbursements. The following ***[or Exhibits ___ to ___ hereto]*** are complete and accurate schedules of funds received in and disbursed from each depository account of the estate or conservatorship during the accounting period. ***[If preferred, attach exhibits using the following format.]***

(a) ***[State name of depository and account number.]***

Date	Source of Receipt	Explanation	Amount
	OPENING BALANCE		

Date	Source of Receipt	Explanation	Amount
TOTAL RECEIPTS			
TOTAL RECEIPTS PLUS (+) OPENING BALANCE			

Date	Check #	Payee	Explanation	Amount
TOTAL DISBURSEMENTS				
ENDING BALANCE (Total Receipts, Plus (+) Opening Balance, Minus (-) Total Disbursements)				
TOTAL DISBURSEMENTS PLUS (+) ENDING BALANCE				

[Reconcile any difference between the accounting ending balance for the depository account and the ending balance shown on any ending depository statement filed with this accounting.]

(b) ***[Add a separate subparagraph or exhibit for each additional depository account.]***

4.

Vouchers and Depository Statements. ***[Vouchers are documents evidencing each disbursement and showing the name of the payee, date, and amount. Depository statements are statements from banks, brokerage firms, insurance companies, and similar entities with which estate assets are deposited showing the balance in the depository account at the beginning and end of the accounting period. If vouchers and depository statements are filed with the account, skip to (c). Otherwise mark (a) or (b).]***

(a) ❑ The filing of vouchers and depository statements was waived.
❑ By court order dated _____.

(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.

Narrative Description of Changes during the Accounting Period. During the accounting period the following changes in the assets or financial circumstances occurred: ***[Describe all changes not clearly disclosed in the Asset Schedule, including, without limitation, corrections to previously declared values, omitted assets, the closing of an account, the sale or purchase of an asset, a significant change in living expenses, or a stock split.]***

(a) ***[Use as many subparagraphs as necessary to separately describe each change.]***

(b)

6.

Fiduciary Disclosures. ***[Disclose and explain every transaction if the transaction was any of the following: (a) A gift. (b) A transaction with a person or entity with whom the Fiduciary has a relationship which could compromise or otherwise affect decisions made by the Fiduciary. The disclosure shall include, but is not limited to, payment for goods, services, rent, reimbursement of expenses, and any other like transactions. (c) A payment for goods or services provided by a person not engaged in an established business of providing similar goods or services to the general public. (d) A payment for goods or services at a rate higher than that ordinarily charged to the general public.]***

(a) ***[Use as 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.]***

9.

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:

1. Approving this accounting. ***[If applicable. Generally annual accounts in decedent's estates will not be approved by the Court until the final account is approved.]***

2. Setting the amount of the bond at $_____. ***[Include this provision only if a change of the bond amount is requested in Paragraph 1.]***

3. Changing the asset restrictions as follows: _____. ***[Include this provision only if a change of the asset restrictions is requested in Paragraph 1.]***

4. Directing the payment of $_____ as reasonable Fiduciary's fee and $_____ as reasonable attorney fees incurred by the Fiduciary. ***[If applicable.]***

5. ***[Set forth any additional relief requested.]***

I hereby declare that the above statement is true to the best of my knowledge and belief, and that I understand it is made for use as evidence in court and is subject to penalty for perjury.

Dated _____, 20___

_____

[Print name of Fiduciary signing above]

[Mark one:] ❑ Conservator ❑ Personal representative