

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> |
|--------------------|------------------------|---------------|
|--------------------|------------------------|---------------|

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.

PROBATE COURT OF SUMMIT COUNTY, OHIO
ELINORE MARSH STORMER, JUDGE

GUARDIANSHIP OF: _____

CASE NO. _____

APPLICATION - COMPUTATION OF GUARDIAN FEES

ACCOUNTING PERIOD OF _____ 20__ TO _____ 20__

| | | |
|-------|--|-----------------|
| I. | INCOME FOR ACCOUNTING PERIOD * | \$ _____ |
| | 4% of first \$100,000 | _____ |
| | 3% of balance | _____ |
| | Total | \$ _____ |
| II. | AUTHORIZED EXPENDITURES | \$ _____ |
| | 4% 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 | \$ _____ |

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 Signature

Guardian Signature

Attorney for Guardian Type or Print Name

Guardian Type or Print Name

MAGISTRATE

DISPOSITION

* Income means: Wages; Pensions; Social Security; IRA Distributions; Interest; Rents; Royalties; Alimony; Annuities. Income **does not** mean unrealized gain on or appreciation of assets.