

**GUARDIAN'S FINAL ACCOUNTING**

(To be filed with the County Clerk & Court Examiner. Please attach extra sheets as needed.)

**SUPREME COURT OF THE STATE OF NEW YORK**

**COUNTY OF** \_\_\_\_\_

-----  
In the Matter of the Final Accounting of

Index Number \_\_\_\_\_

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

Date: \_\_\_\_\_

\_\_\_\_\_  
an Incapacitated Person  
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I, \_\_\_\_\_ being the Guardian of the Person and / or Property of \_\_\_\_\_, an Incapacitated Person, do hereby make, render and file this final account and inventory (NOTE: A final accounting need only report back to the time of the last court approved annual accounting):

I was duly appointed as Guardian of the Person and / or Property of the within named Incapacitated Person by order of this court dated \_\_\_\_\_, and thereafter, pursuant to said order did file with the County Clerk of the County of \_\_\_\_\_ a bond with the \_\_\_\_\_ Company in the amount of \$ \_\_\_\_\_ as surety thereon, and have continuously acted as such Guardian since the date of my appointment. The date Incapacitated Person passed away was \_\_\_\_\_. I have enclosed a copy of the death certificate.

**SUMMARY**

Schedule A - Principal on hand at date of appointment or last accounting:	\$ _____
Schedule B - Changes to principal:	\$ _____
Schedule C - Income Received:	\$ _____
<b>Sub Total:</b>	\$ _____
Schedule D - Paid Disbursements:	\$ _____
Schedule E-1 - Balance of cash and securities to be charged to next year's account:	\$ _____
Schedule E-2 - Real Estate:	\$ _____
Schedule E-3 - All other personal property:	\$ _____
<b>Total Estate:</b>	\$ _____

**SCHEDULE A: Principal on Hand**

<u>SOURCE:</u> (name & address of financial institution)	<u>AMOUNT:</u> (cash or market value of securities)
_____	_____
_____	_____

TOTAL OF SCHEDULE A: \$ \_\_\_\_\_

**SCHEDULE B: Increases or Decreases in Principal**

List additional property received, gain or loss on sale or liquidation of stocks or bonds, any net receipts from sale of realty, (attach copy of closing statement), etc.

\_\_\_\_\_  
\_\_\_\_\_

TOTAL OF SCHEDULE B: \$ \_\_\_\_\_

**SCHEDULE C: Received Income and Cash Increases**

If any property listed in the last accounting has been converted to cash, list here the amount received from the sale and attach an explanation.

<u>SOURCE</u>	<u>AMOUNT</u>
_____	_____
_____	_____

List income or monies received or earned on behalf of the Incapacitated Person.

<u>SOURCE</u>	<u>AMOUNT</u>
_____	_____
_____	_____

TOTAL OF SCHEDULE C: \$ \_\_\_\_\_

**SCHEDULE D: Paid Disbursements**

<u>PAID TO</u>	<u>AMOUNT</u>
_____	_____
_____	_____

TOTAL OF SCHEDULE D: \$ \_\_\_\_\_

**SCHEDULE E-1: Balance on Hand and other Personal and Real Property**

<u>BANK ACCOUNTS, BROKERAGE ACCOUNTS, SECURITIES, PERSONAL PROPERTY</u> (list name of joint owners, if any, and their relationship Incapacitated Person)	<u>INVENTORY VALUE</u>	<u>MARKET VALUE</u>
_____	_____	_____
_____	_____	_____
TOTAL OF SCHEDULE E-1:	\$ _____	\$ _____

**SCHEDULE E-2: Real Estate**

(List all real estate owned by the Incapacitated Person, either in whole or in part. State location, assessed value, current market value, amount of mortgage (if any), and the weekly or monthly rental. If property is owned jointly, give names of joint owners and their relationship to the Incapacitated Person.

\_\_\_\_\_  
\_\_\_\_\_

**SCHEDULE E-3: All Other Personal Property**

DESCRIPTION

INVENTORY / MARKET VALUE

\_\_\_\_\_  
\_\_\_\_\_

**SCHEDULE F: Name and Address of Surety**

(Attach a copy of the latest bond. Also, state and explain any changes in the bond, of the Surety thereon, or in the financial standing of the Surety.)

NAME AND ADDRESS

AMOUNT OF BOND BOND NUMBER

\_\_\_\_\_  
\_\_\_\_\_

STATE OF NEW YORK

ss.:

COUNTY OF \_\_\_\_\_

\_\_\_\_\_ (Guardian), being duly sworn says:

I am the Guardian of the Person and / or Property for the above named Incapacitated Person. The foregoing account and inventory contains, to the best of my knowledge and belief, a full and true statement of all my receipts and disbursements on account of said Incapacitated Person; and of all money and other personal property of said person which have come to my hands or have been received by any other persons by my order or authority since my appointment or since filing my last annual account and inventory, and of the value of all such property, together with a full and true statement and account of the manner in which I have disposed of the same and of all property remaining in my hands at the time of filing this account and inventory; also a full and true description of the amount and nature of each investment made by me since my appointment or since the filing of my last account and inventory.

I do not know of any error or omission in the account and inventory to the prejudice of said person.

\_\_\_\_\_  
Guardian

Sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public