

ANNUAL ACCOUNT
GENERAL INSTRUCTIONS

Complete all sections of this Annual Inventory and Account, including all schedules. The affidavit should be sworn to before a Notary Public or Commissioner of Deeds. The Annual Inventory and Account shall be filed annually by no later than the end May of each year for the preceding year, unless otherwise provided by statute, with the court of appointment or, *and a copy sent to the Court Examiner.*

Statutes regarding inventories and accounting are contained in the Mental Hygiene Law. Failure to comply with the law with respect to filing an Annual Inventory and Account constitutes cause for removal. Any change of address of either Guardian/Conservator/Committee or Incapacitated Person/Conservatee/Incompetent Person must be reported promptly to the Guardianship Clerk's Office, Supreme Court, Room 850, 360 Adams Street, Brooklyn, New York 11201.

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF KINGS

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In the Matter of the ANNUAL ACCOUNT of

ANNUAL ACCOUNT
FOR: _____

As Guardian for

Index No.: _____

An Incapacitated Person

Court Examiner:

-----X

I, _____ residing at
_____, and
with telephone number: _____, as Guardian for the above named
person, by Order of the Supreme Court of Kings County dated _____
and have continued to act as such fiduciary since that date, giving a bond in the original sum of
\$ _____, pursuant to subsequent orders, which is still in force and effect
with _____, Bond Number _____,
as Surety. There has been no change in the Surety thereon, and the Surety is in good financial
standing as when the bond was given. (Note: If there has been a change in the bond, of the
Surety thereon, or in financial standing of the Surety, explain in Schedule "F").

The following is a true and full account of all receipts and disbursements for the year
_____.

SUMMARY

Schedule "A" — Principal on hand at date of appointment or last accounting	\$ _____
Schedule "B" — Income Received	\$ _____
SUBTOTAL.....	\$ _____
Schedule "C" — Increases or Decreases in Principal	\$ _____
SUBTOTAL.....	\$ _____
Schedule "D" — Paid Disbursements	\$ _____
Schedule "E-1" — Recapitulation and Balance of cash & securities to be charged to next year's account	\$ _____
Schedule "E-2" — Real Estate	\$ _____
Schedule "E-3" — All other person property	\$ _____
TOTAL ESTATE	\$ _____

Period Under Review

SCHEDULE "A"

(Principal on hand on date of Appointment or Last Annual Account)

SOURCE / AMOUNT

SCHEDULE "B"

(Income Received)

(Bank Interest, Social Security Benefits, Pension Benefits, Rental Income, Salary, Bond Interest, Dividends, Annuity Income, etc.)

SOURCE

AMOUNT

SCHEDULE "C-1"

(Increases to Principal)

(Proceeds of Sale of Property, Increases Realized upon Sale of Securities, Unrealized Increase to Securities Due to market Fluctuations, Tax Refunds, Insurance Premium Refunds, Newly discovered assets, inheritance, Capital Gains, etc.)

SCHEDULE "C-2"
(Decreases to Principal)

(Cost of Purchase of Real Property, Loss on Sale of Securities, Unrealized Decreases in Value of Securities Due to Market Fluctuations, etc.)

SCHEDULE "D"
(Disbursements)

List ALL expenses paid from the funds of the IP as follows: ALL Disbursements must be categorized and subtotaled.

FOR EXAMPLE:

<u>Rent</u>		
Castle Housing		
10 months @ \$500.00		\$5,000.00
2 months @ \$600.00		<u>\$1,200.00</u>
<u>Total</u>		\$6,200.00

<u>Medical Expenses</u>		
Dr. Smith		\$ 100.00
Prescription Medication		\$ 500.00
Ambulance		<u>\$ 250.00</u>
<u>Total</u>		\$ 850.00

<u>Utilities</u>		
Con Edison		\$1,500.00
Keyspan		\$2,000.00
Verizon		<u>\$ 400.00</u>
<u>Total</u>		\$3,900.00

TOTAL DISBURSEMENTS: \$10,950.00

<u>PAID TO</u>	<u>AMOUNT</u>
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SCHEDULE "E-1"
(RECAPITULATION)

The balance with which the Guardian is chargeable as of _____ of (Schedule A) :		\$ _____
Plus the income for this period (Schedule B) :	+	_____
	\$	_____
Plus increases to principal (Schedule C-1) :	+	_____
	\$	_____
Less decreases to principal (Schedule C-2)	-	_____
	\$	_____
Less the disbursements for this period (Schedule D) :	-	_____
	\$	_____
Leaves a balance with which the Guardian is chargeable as of _____ of (Schedule E-1) :		\$ _____

ASSETS ON HAND AT END OF PERIOD UNDER REVIEW

* **NOTE:** List here all bank accounts' securities; brokerage accounts; personal property. If property is owned jointly with others, give names of joint owners and their relationship to the incapacitated person. List bank account values as of end of accounting period. With respect to securities, list both inventory value and market value as of end of accounting period.

<u>DESCRIPTION</u>	<u>INVENTORY VALUE</u>	<u>MARKET VALUE</u>
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TOTAL OF SCHEDULE E-1	\$ _____	\$ _____
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SCHEDULE "E-2"
REAL ESTATE

* **NOTE:** List here all real estate owned by the incapacitated person, either in whole or in part, stating its location, assessed value, amount of mortgage (if any), the weekly or monthly rental, and the approximate current market value. If property is owned jointly with others, give names of joint owners and their relationship to the incapacitated person.

SCHEDULE "E-3"
ALL OTHER PERSONAL PROPERTY
(Jewelry, Automobiles, Boats, etc.)

SCHEDULE "F"
NAME AND ADDRESS OF SURETY

* **NOTE:** State amount of bond and bond number. Attach a copy of the latest bond.

SCHEDULE "G"

LIST: Any major changes in physical or Mental Condition or substantial change in medication since the Initial Report.

SCHEDULE "H"

LIST: The last date the IP was seen by a physician, and a statement by a physician, psychologist, nurse clinician or social worker or other person who has evaluated or examined said person within 3 months of the filing of this report. (Attach a copy of the latest evaluation, if any.)

SCHEDULE "I"

Statement if the residence of the IP is best suited to his/her current needs; resume of medical treatment given during year of report; projected medical, dental and mental health treatment for coming year.

SCHEDULE "J"

State the social condition of the IP and his/her social needs and skills.

SCHEDULE "K"

Summary of activities performed on behalf of the incapacitated person by Guardian.

SCHEDULE "L"

State any facts showing need to terminate Guardianship or for amendment of powers of Guardian.

AS TO THE INCAPACITATED PERSON

(List here the present address of the IP; his/her age and date of birth; his/her state of health; frequency of visits; changes (if any) in next of kin; whether IP has made a Will or executed a Power of Attorney; any other information necessary for the proper administration of this matter.)

IP's Present Address: _____

IP's Age: _____ **IP's D.O.B.:** _____

IP's State of Health:

Frequency of Visits:

Changes, if any, in Next of Kin:

Whether IP Has Made a Will: _____ **YES** _____ **NO**

Whether IP Has Executed a Power of Attorney: _____ **YES** _____ **NO**

***Any Other Information Necessary For Proper Administration:**

Index Number _____ Year _____

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF KINGS

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IN THE MATTER OF
THE ANNUAL INVENTORY
AND ACCOUNT OF

As * _____ of

*Indicate your fiduciary relationship (Guardian or Conservator or Committee) to your ward.

Incapacitated Person

ANNUAL INVENTORY AND
ACCOUNT FOR
YEAR _____

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Filed : _____, 20_____.