COURT CODE: 1010	
Your Name:	
Address:	
City, State, Zip:	
Phone:	
Email:	
Self-Represented	

IN THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA IN AND FOR THE COUNTY OF WASHOE

In the Matter of the Guardianship of the:

EstatePerson and Estate

of:

CASE NO.:	

DEPT:

(name of person who has a guardian) A Protected Person.

ACCOUNTING

 $(\boxtimes check one)$ [First, Second, Third, I _____] or Final¹

 through

 BEGINNING DATE²

 ENDING DATE³

I/we certify that this is a true and accurate accounting of the assets, income, and expenses of this estate for the period described.

¹ Check 'Final' if the guardianship has been terminated or this is the last accounting of this guardian.

² Beginning Date: If this is your first report, the beginning date is the date you were appointed the guardian. If this is a later report, the beginning date is the ending date of your last accounting.

³ Ending Date: Anniversary date.

Account Summary

(totals from the following worksheets)

1.	Starting Balance: (this is the same number as the Beginning Net Asset Value from Worksheet A. This is also the same as the ending balance from the last accounting or inventory)		\$
2.	Gross Income / Interest / Money Received (from Worksheet B)	Add +	\$
3.	Expenses (from Worksheet C, you must attach receipts for expenses over \$250. Keep all other receipts in case the judge requests them.)	Subtract -	\$
4.	Adjustments to the Value of the Assets (this is for any increase or decrease in the value of an asset, such as a house, vehicle, etc. Attach an itemized list for any item that increased or decreased in value since your last accounting or inventory)	+ / -	\$
5.	Adjustments as a result of any Asset Sales (this is for any asset that was sold since your last accounting or inventory. Attach an itemized list showing the adjustments up or down from the sale)	+/-	\$
6.	Total Ending Balance (this number must match the Ending Net Asset Value from Worksheet A)		\$
	ve you discovered any assets belonging to the Protecte previous inventory or accounting?	ed Person the	at were not listed on
	Yes: (describe the newly discovered assets)		

Have any claims been filed on behalf of the Protected Person (*this would include a demand for payment or return of property*)?

🗆 No

□ Yes: (*describe the claim and any action taken regarding the account*)

Assets at Start of Accou			
Based on: (⊠ <i>check one</i>) □ Inventory; or		Assets at End of Accou	nting Period
□ Last Accounting End		Assets at Life of Accou	nung i criou
As filed on (date of last repor			
Asset	Value	Assets	<u>Value</u>
Home		Home	
Vehicles		Vehicles	
Jewelry		Jewelry	
Artwork		Artwork	
Furniture		Furniture	
Electronics		Electronics	
Antiques		Antiques	
Other		Other	
Checking account		Checking account	
Savings account		Savings account	
Certificates of deposit		Certificates of deposit	
Money market account		Money market account	
Life insurance (cash value)		Life insurance (cash value)	
Trust (Protected person's		Trust (Protected person's	
interest only)		interest only)	
Other		Other	
Retirement account		Retirement account	
Bonds		Bonds	
Mutual funds		Mutual funds	
Individual stock shares		Individual stock shares	
Real estate other than home		Real estate other than home	
Other		Other	
Liabilities	Amount Owed	Liabilities	Amount Owed
Mortgage loan	-	Mortgage loan	
Home equity loan	_	Home equity loan	-
Car loans	_	Car loans	-
Real estate loans	_	Real estate loans	_
Student loans	_	Student loans	_
Other loans	_	Other loans	_
	_		_
Credit card debt	-	Credit card debt	-
Other debt	-	Other debt	-
Beginning Net Asset Value:	\$	Ending Net Asset Value:	\$

Worksheet A: ASSETS & DEBTS

*The numbers in this column should be identical to the "ending balance" numbers from your last accounting or inventory (whichever was filed last)

Worksheet B: GROSS INCOME

___ of ___ Gross income, interest, receipts, refunds received

Date	Description of Income	Amount Received (+)
i.e., 5/31/2018	i.e., Social Security Income	i.e., \$882.00
	TOTAL THIS PAGE	
Т	OTAL FROM PREVIOUS INCOME PAGES	+
	RUNNING INCOME TOTAL	=
ODV AND AT	TACH MORE PAGES IF NEEDED TO S	I I I I I I I I I I I I I I I I I I I

COPY AND ATTACH MORE PAGES IF NEEDED TO SHOW ALL INCOME

Worksheet C: EXPENSES

____ of ____ *Attach Receipts for Any Expense Over \$250 Keep other receipts in case the judge requests them.

	Detailed Description of Transaction		
Date	(include details such as expense type, paid to,	Expense (-)	
	check #, last 4 digits of account paid from)		
. 5/21/2010	<i>i.e., Rent paid to Senior Living, check #540</i>	· #700.00	
i.e., 5/31/2018	from account 0005	i.e., \$780.00	
	TOTAL THIS PAGE		
ТС	OTAL FROM PREVIOUS EXPENSE PAGES	+	
	RUNNING EXPENSE TOTAL	=	
	TACH MODE DACES IE NEEDED TO S	TIOW ALL EVDENG	

COPY AND ATTACH MORE PAGES IF NEEDED TO SHOW ALL EXPENSES

DECLARATION OF GUARDIAN(S)

- 1. **Type of Guardianship.** (\boxtimes *check one*)
 - \Box I am the guardian over an adult.
 - □ I am the guardian over a child (*skip the next sections, and sign and date the bottom*).

2. Monthly Budget. (\boxtimes check one)

- □ I have not provided the Court with a monthly budget.
- □ I filed a monthly budget which was approved by the Court on (*date you filed the budget*) ______. Over the past year: (\boxtimes *check one*)
 - \Box I was able to provide for the protected person's needs within the authorized budget.
 - □ I was not able to provide for the protected person's needs within the authorized budget because (*explain why you were not able to follow the budget, for instance, were there one-time extraordinary expenses, or more ongoing expenses than you originally thought*)
- 3. Monthly Budget; Next Accounting Period. (check one)
 - □ No changes are needed to the monthly budget for the next accounting period.
 - □ Changes are needed to the monthly budget (or none was originally filed); a new budget will be filed.
- 4. I/We declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

This document does not contain the personal information of any person as defined by NRS 603A.040.

Date: _____

Date: _____

(First Guardian's signature)

(Second Guardian's signature)

•

(First Guardian's printed name)

(Second Guardian's printed name)

Page ____

VERIFICATION OF FIRST GUARDIAN

Under penalty of perjury, I declare that I am the Guardian in the above-entitled action; that I have read the foregoing Accounting and know the contents thereof; that the pleading is true of my own knowledge, except for those matters therein contained stated upon information and belief, and that as to those matters, I believe them to be true.

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

DATED this (*day*) _____ day of (*month*) _____, 20___.

(First Guardian's signature)

(print your name)

VERIFICATION OF SECOND GUARDIAN

Under penalty of perjury, I declare that I am the Guardian in the above-entitled action; that I have read the foregoing Accounting and know the contents thereof; that the pleading is true of my own knowledge, except for those matters therein contained stated upon information and belief, and that as to those matters, I believe them to be true.

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

DATED this (*day*) _____ day of (*month*) _____, 20___.

(Second Guardian's signature) >

(print your name) _____

Page ____