

COURT CODE: 1010

Your Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Self-Represented

**IN THE FAMILY DIVISION
OF 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:

Estate

Person and Estate

of:

CASE NO.: _____

DEPT: _____

(name of person who has a guardian)

A Protected Person.

ACCOUNTING

(*check one*) [**First**, **Second**, **Third**, _____] or **Final**¹

_____ **through** _____
BEGINNING DATE² **ENDING DATE**³

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 Add + \$ _____
(from Worksheet B)

3. Expenses Subtract - \$ _____
(from Worksheet C, you must attach receipts for expenses over \$250. Keep all other receipts in case the judge requests them.)

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)

Have you discovered any assets belonging to the Protected Person that were not listed on the previous inventory or accounting?

- No
 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)*

Worksheet A: ASSETS & DEBTS

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

<u>Assets at End of Accounting Period</u>	
<u>Assets</u>	<u>Value</u>
Home	
Vehicles	
Jewelry	
Artwork	
Furniture	
Electronics	
Antiques	
Other	
Checking account	
Savings account	
Certificates of deposit	
Money market account	
Life insurance (cash value)	
Trust (Protected person's interest only)	
Other	
Retirement account	
Bonds	
Mutual funds	
Individual stock shares	
Real estate other than home	
Other	
<u>Liabilities</u>	<u>Amount Owed</u>
Mortgage loan	-
Home equity loan	-
Car loans	-
Real estate loans	-
Student loans	-
Other loans	-
	-
Credit card debt	-
Other debt	-
<i>Ending Net Asset Value:</i>	\$

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

Worksheet C: EXPENSES

__ of __

*Attach Receipts for Any Expense Over \$250

Keep other receipts in case the judge requests them.

Date	Detailed Description of Transaction <i>(include details such as expense type, paid to, check #, last 4 digits of account paid from)</i>	Expense (-)
<i>i.e., 5/31/2018</i>	<i>i.e., Rent paid to Senior Living, check #540 from account 0005</i>	<i>i.e., \$780.00</i>
TOTAL THIS PAGE		
TOTAL FROM PREVIOUS EXPENSE PAGES		+
RUNNING EXPENSE TOTAL		=

COPY AND ATTACH MORE PAGES IF NEEDED TO SHOW ALL EXPENSES

DECLARATION OF GUARDIAN(S)

1. **Type of Guardianship.** (*check one*)
- 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.** (*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: (*check one*)
 - 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*)

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*) _____

COURT CODE: 3860

Your Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Email Address: _____

Self-Represented

**IN THE FAMILY DIVISION
OF 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:

- Person
- Estate
- Person and Estate

of:

(name of person who has a guardian)

A Protected Minor.

CASE NO.: _____

DEPT.: _____

REQUEST FOR SUBMISSION

Petitioner(s), *(first Petitioner's name)* _____ and
(second Petitioner or "n/a" if only one Petitioner) _____,
request(s) that the ACCOUNTING be submitted to the Court for consideration.

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

DATED *(month)* _____ *(day)* _____, 20__.

(Signature)

(Printed Name)