

IN THE COUNTY COURT OF KANAWHA COUNTY, WEST VIRGINIA

ANNUAL ACCOUNTING OF GUARDIAN

WARD:

SOCIAL SECURITY #:

PERIOD COVERED:

ASSETS PER LAST ACCOUNTING:

Please call this office for the amount(s) if you do not have a copy of the last accounting filed.

TOTAL ASSETS: \$

RECEIPTS:

Itemize interest or any other income received in your capacity as Guardian with the date and amount

TOTAL RECEIPTS: \$ _____

DISBURSEMENTS:

Itemize money authorized for expenditures with the date, amount and location the money was paid. Attach copies of receipts, canceled checks or other documentation.

TOTAL DISBURSEMENTS: \$ _____

ASSETS REMAINING:

Itemize with a description of the asset(s), balance of the account(s) and attach proof.

BALANCE: \$ _____

VERIFICATION OF REPORT

State of _____

County of _____, To-wit:

I, _____, Guardian for _____, Ward, do swear that the attached listing is true, correct and complete report of all receipts and disbursements made and that the assets being held, if any, are all that belong to the Ward.

Guardian

Taken, subscribed and sworn to before me, the undersigned authority, this _____ day of _____, 20____.

My commission expires _____.

Notary Public