

STATE OF NORTH DAKOTA

IN DISTRICT COURT

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

\_\_\_\_\_ JUDICIAL DISTRICT

**IN THE MATTER OF THE GUARDIANSHIP/CONSERVATORSHIP OF**

\_\_\_\_\_  
**AN INCAPACITATED INDIVIDUAL/PROTECTED PERSON**

Case No. \_\_\_\_\_

**Final Report and Accounting**

Address of Ward/Protected Person: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Ward's/ Protected Person's Age: \_\_\_\_\_ and Phone number: \_\_\_\_\_

Guardian(s) or Conservator(s): \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone and email: \_\_\_\_\_

**1)** Following is a final accounting and a list of all assets and liabilities owned by the Ward/Protected Person or in which they have an interest. Account numbers, birthdates, and social security numbers have been redacted or completely crossed out on any attachments; except for the birth year and the last four digits of account number and social security numbers.

**2)** The most recent annual report of this guardianship conservatorship was filed with the court on the following date: \_\_\_\_\_.

**3)** This Final Report and Accounting lists all assets and liabilities owned by the ward/protected person or in which the ward/protected person has an interest as of the following date: \_\_\_\_\_.

**FINAL ACCOUNTING**

Report for the period from \_\_\_\_\_ to \_\_\_\_\_

**4) Beginning checking account(s) balance** (also enter on line 9): \$ \_\_\_\_\_

**5) Income and deposits:**

|                    |          |
|--------------------|----------|
| Wages/salary       | \$ _____ |
| Social Security    | \$ _____ |
| Pensions/annuities | \$ _____ |
| _____              | \$ _____ |
| _____              | \$ _____ |
| _____              | \$ _____ |

**6) Total of all deposits** (also enter on line 10): \$ \_\_\_\_\_

**7) Expenses and withdrawals:**

|                           |          |
|---------------------------|----------|
| Rent/mortgage/residence   | \$ _____ |
| Utilities/phone/etc       | \$ _____ |
| Groceries/food            | \$ _____ |
| Insurances                | \$ _____ |
| Spending money            | \$ _____ |
| Medical                   | \$ _____ |
| Personal needs            | \$ _____ |
| Guardian/conservator fees | \$ _____ |
| Legal/professional fees   | \$ _____ |
| _____                     | \$ _____ |
| _____                     | \$ _____ |
| _____                     | \$ _____ |

**8) Total of all expenses** (also enter on line 11): \$ \_\_\_\_\_

**9) Beginning balance:** \$ \_\_\_\_\_

**10) Add total deposits:** \$ \_\_\_\_\_

**11) Subtract total expenses:** \$ \_\_\_\_\_

**12) Ending checking account(s) balance:** \$ \_\_\_\_\_

**13) Assets disposed of since my last report to the court:**

| Asset Description and reason for disposal | Date of Disposal | Amount Received |
|---|------------------|-----------------|
|   |                  |                 |
|   |                  |                 |
|   |                  |                 |
|   |                  |                 |
|   |                  |                 |
|   |                  |                 |

**ENDING INVENTORY**

**14) Cash, checking accounts:**

| Description | Value or Balance | Location |
|-------------|------------------|----------|
|             |                  |          |
|             |                  |          |
|             |                  |          |
|             |                  |          |
|             |                  |          |

**15) Savings accounts, other bank accounts, and investments:**

| Description | Value or Balance | Location |
|-------------|------------------|----------|
|             |                  |          |
|             |                  |          |
|             |                  |          |
|             |                  |          |
|             |                  |          |

**16) Real estate and physical assets:**

| Description | Value | Location |
|-------------|-------|----------|
|             |       |          |
|             |       |          |
|             |       |          |
|             |       |          |
|             |       |          |
|             |       |          |



**26) Comments on the ward's/protected person's estate** *(Include the reasons for new assets received, or why debt was incurred, or how assets were disposed of. Attach additional pages as needed.):* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**27)** I declare, under penalty of perjury under the law of North Dakota, that everything I stated in this Final Report and Accounting is true, complete, and correct.

Signed on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at  
\_\_\_\_\_  
(city), \_\_\_\_\_ County, \_\_\_\_\_  
(state), \_\_\_\_\_ (country).

\_\_\_\_\_  
Guardian/Conservator Signature Printed Name  
\_\_\_\_\_  
Address City, State, Zip Code  
\_\_\_\_\_  
Telephone Number & Email Address

Signed on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at  
\_\_\_\_\_  
(city), \_\_\_\_\_ County, \_\_\_\_\_  
(state), \_\_\_\_\_ (country).

\_\_\_\_\_  
Guardian/Conservator Signature Printed Name  
\_\_\_\_\_  
Address City, State, Zip Code  
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Telephone Number & Email Address