

NO. _____

IN THE GUARDIANSHIP OF

§

IN COUNTY COURT

§

§

of

§

AN INCAPACITATED PERSON

§

MCCULLOCH COUNTY, TEXAS

ANNUAL ACCOUNT OF GUARDIAN OF THE ESTATE

TO THE HONORABLE JUDGE OF SAID COURT:

NOW COMES _____, Guardian of the Estate of _____,

an Incapacitated Person, and respectfully presents this verified exhibit:

upon the expiration of twelve months from the date of qualification and receipt of letters as such representative (OR)

from the last annual account, returning same in writing under oath.

1. PERIOD OF ACCOUNT. This account covers the period from _____ to _____.

2. _____ was appointed Guardian of this Estate by Order of this Court dated _____. Since qualifying, I have administered this Estate in accordance with the provisions of the Texas Probate Code.

3. The total value of the Estate at the beginning of this accounting period was \$_____ as shown on

the Inventory, Appraisalment & List of Claims (OR)

The last Annual Accounting approved by this Court on _____.

4. The following property belonging to this Estate has come into the hands of the Guardian which HAS NOT BEEN PREVIOUSLY reported to the Court:

PROPERTY

VALUE

\$ _____

\$ _____

TOTAL VALUE OF PROPERTY NOT PREVIOUSLY REPORTED:

\$ _____

5. **Claims Against the Estate.** The following claims against the estate have been presented to the Guardian during this accounting period, and were approved and paid:

SOURCE OF CLAIM

AMOUNT

\$ _____

\$ _____

TOTAL VALUE OF CLAIMS PAID BY ESTATE

\$ _____

6. The following changes have occurred in the property of the Estate during this accounting period which have not been previously reported by the guardian of this Estate:

<u>CHANGES IN ESTATE ASSETS</u>	<u>AMOUNT</u>
<input type="checkbox"/> None (OR)	
<input type="checkbox"/> By Order signed on _____ as follows:	
_____	\$ _____
_____	\$ _____
TOTAL NET CHANGE IN VALUE OF ESTATE ASSETS	\$ _____

7. **Receipts.** The following is a complete list of all revenues and income received by the Guardian for the benefit of the Ward during the period covered by this account:

** (Attach Representative Payee Report if funds are received from the Social Security Administration)

<u>RECEIPTS SOURCE</u>	<u>AMOUNT</u>
Interest on Estate Accounts	\$ _____
Refunds	\$ _____
Rental income	\$ _____
Dividends	\$ _____
Proceeds from sale of Estate Assets	\$ _____
Social Security	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL RECEIPTS	\$ _____

8. **Disbursements.** The disbursements of the Estate are as shown in the attached Exhibit "B", and are summarized as follows:

Attorney's Fees	\$ _____
Bond Premium	\$ _____
Bank Charges	\$ _____
Property Taxes	\$ _____
Federal Income Taxes	\$ _____
Expenditures authorized by Court Order	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL DISBURSEMENTS	\$ _____

9. **Non-Cash Assets Administered.** Below is a complete, accurate, and detailed description of the non-cash assets being administered, the condition of the property, and the use being made of the property and, if rented, the terms upon and the price for which the property is being rented, is as follows:

<u>DESCRIPTION OF PROPERTY</u>	<u>VALUE</u>
a. _____	\$ _____
b. _____	\$ _____
c. _____	\$ _____
d. _____	\$ _____
 TOTAL VALUE OF NON-CASH ASSETS	 \$ _____

10. **Cash on Hand.** The cash remaining in the hands of the Guardian is located in the following deposit accounts, as evidenced by an official letter from the depository, attached as Exhibit "A" to this accounting.

<u>NAME OF DEPOSITORY</u>	<u>ACCOUNT NO.</u>	<u>BALANCE</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
 TOTAL VALUE OF CASH ASSETS		 \$ _____

11. **Summary and Reconciliation.** The following is a summary and reconciliation of the foregoing paragraphs of this account:

A. CHANGES IN ESTATE

Paragraph 3: Value of Assets at the beginning of this accounting period	\$ _____
Paragraph 4: Property not previously reported	\$ _____
Paragraph 5: Total claims paid	\$ _____
Paragraph 6: Net changes in value of asset:	\$ _____
Paragraph 7: Total receipts	\$ _____
Paragraph 8: Total disbursements	\$ _____
 TOTAL VALUE OF ESTATE AFTER CHANGES	 \$ _____*

B. ASSETS REMAINING IN ESTATE

Paragraph 9: Total non-cash assets being administered \$ _____

Paragraph 10: Total cash on hand \$ _____

TOTAL VALUE OF ESTATE ON HAND \$ _____*

*These two values should be the same number.

12. The following debts and expenses of the Estate have not been paid and are presently due and owing by the estate:

NAME OF CREDITOR

AMOUNT OF DEBT

None.

(OR)

_____ \$ _____

_____ \$ _____

TOTAL AMOUNT OF DEBTS OWED BY ESTATE \$ _____

Respectfully submitted,

Name of Guardian: _____
Guardian of the Estate of _____,
An Incapacitated Person

ATTORNEY BLOCK – REQUIRED

SIGNATURE

Name of Attorney: _____

Address: _____

Phone No.: _____

State Bar No. _____

STATE OF TEXAS §

COUNTY OF MCCULLOCH §

I, _____, Guardian of the Estate of _____, an Incapacitated Person, having been duly sworn, hereby state on oath the following:

“I am the Guardian in the above entitled and numbered cause. I have read and examined the foregoing Annual Account which is to be filed in this cause and:

A. *The account contains a true, correct and complete statement of the matters to which the account relates:*

B. *Bond (Select one):*

- I have paid the bond premium for the next accounting period.*
- I have paid a \$_____ cash bond into the Registry of the Court.*
- The bond requirement was waived in the Order Appointing Guardian.*
- I have a personal surety bond in the amount of \$_____ and have attached an Affidavit signed by the sureties verifying their continued qualification and agreement to act as sureties;*

C. *I have filed all tax returns of the Estate due during the accounting period; and*

D. *Taxes (Select one):*

- No taxes were owed by the Estate during the accounting period*
- Guardian has paid all taxes the Estate owed during the accounting period,*
 1. *The amount of the taxes was \$_____;*
 2. *The date the Guardian paid the taxes was _____;*
 3. *The governmental entity to which the taxes were paid was _____*
- Guardian has NOT paid all taxes the Estate owed during the accounting period.*
- the Guardian has NOT filed all tax returns of the Estate due during the accounting period for the reason that _____.*

Guardian of the Estate of _____
An Incapacitated Person

SUBSCRIBED AND SWORN TO BEFORE ME, by _____ on this the _____ day of _____, 20_____.

Notary Public in and for the State of Texas

(TO BE COMPLETED BY BANK)

NO. _____

IN THE GUARDIANSHIP OF

§
§
§
§
§

IN COUNTY COURT

OF

AN INCAPACITATED PERSON

MCCULLOCH COUNTY, TEXAS

VERIFICATION OF FUNDS ON DEPOSIT

The undersigned, an officer of the financial institution named below, hereby certifies that _____, Guardian of this Estate, had on deposit with this institution as of _____ in the following accounts, the amounts shown below:

Checking Account No. _____ \$ _____

Savings Account No. _____ \$ _____

Certificate of Deposit No. _____ \$ _____

SIGNED _____

_____ Bank

By: _____

Name: _____

Title: _____

NO. _____

IN THE GUARDIANSHIP OF

§

IN COUNTY COURT

§

§

OF

§

AN INCAPACITATED PERSON

§

MCCULLOCH COUNTY, TEXAS

VERIFICATION OF SECURITIES

The undersigned, an officer of the financial institution named below, hereby certifies that _____, Guardian of this Estate, had on deposit with this institution as of _____ in the following accounts, the amounts shown below:

_____	\$ _____
_____	\$ _____
_____	\$ _____

SIGNED _____

_____ Bank

By: _____
Name: _____
Title: _____

NO. _____

IN THE GUARDIANSHIP OF

§

IN COUNTY COURT

§

§

OF

§

AN INCAPACITATED PERSON

§

MCCULLOCH COUNTY, TEXAS

PROBATE COURT'S REPRESENTATIVE PAYEE REPORT

If you are the Ward's representative payee, you must do **one** of the following:

- (1) Complete this form and attach it to your annual report (if there is no guardian of the estate) or to your annual account (if you are the guardian of the estate), **OR**
- (2) Attach a copy of the most recent Representative Payee Report that you received from the Social Security Administration to your annual report (if there is no guardian of the estate) or to your annual account (if you are the guardian of the estate).

Did you, as the representative payee, decide how the ward's funds were spent over the past year?

Yes No

If "No", explain: _____

A. During the last reporting period, what was the total amount of Benefits that the Social Security Administration paid you as the representative payee? \$ _____

B. During that reporting period, how much of the money from Question A was spent on food and housing for the ward? \$ _____

C. During that reporting period, how much of the money from Question A was spent on other items for the ward such as clothing, education, medical/dental expenses, recreation, or personal items? \$ _____

D. During that reporting period, how much of the money from Question A was saved for the ward's future use? \$ _____

E. Please account for any remaining funds: _____

I declare under penalty of perjury that all the information on this form and any accompanying statements are true and correct to the best of my knowledge.

Guardian/Representative Payee

Date