STAT	E OF WISCONSIN, CIRCUIT COURT,		COUNTY	
IN THE MATTER OF		☐ Amended		
			Account of	
Name			Guardian/Conservator	
			nnual 🗌 Interim 🗌 Final	
Date of Birth (A		Adult Guardianship and		
			Conservatorship)	
		Case	e No	
I DEC	LARE THAT:			
the ac	ne Guardian or Conservator of the above n Iministration of the guardianship or conserv	/atorship		
Line	Summary		tion	Total
1.	Beginning Balance. Do not change this a			\$
	(Inventory net value or ending balance from pi		nt.)	
2.	Total of newly discovered assets and inco (Attach Schedule A- Assets and Income Rece		ived during this period. (Add)	\$
3.	Subtotal Subtotal		\$	
4.	4. Total disbursements, distributions and losses incurred. (Subtract) (List details in Schedule B – Disbursements, Distributions and Realized Capital Losses.)			\$
5.	Ending Balance (Total Assets on Hand) a (List details in Schedule C – Assets on Hand.)	\$		
	Sta	tus of S	urety on Bond	
	atus of the surety upon the guardian or colas not changed. has changed. Explain			
<u> </u>	as not changed.	· · · · · · · · · · · · · · · · · · ·		
I decl that the	are under the criminal penalty of false s ne information I have provided is true ar ate.	wearing nd	I declare under the criminal per that the information I have prov accurate.	nalty of false swearing vided is true and
•		>		
Guardia	n/Conservator's Signature	_	Co-Guardian/Conservator's Signature	
Name P	inted or Typed	<u>—</u>	Name Printed or Typed	
Address		<u> </u>	Address	
Email Ad	Idress Telephone No	 umber	Email Address	Telephone Number
Date	State Bar No.	(if any)	Date	State Bar No. (if any)

(If the space given is insufficient for any item, attach additional sheets.) Schedule A – Assets and Income Received	☐ See attached
Description (Example: Social security, pensions, interest, dividends, rental or other income, realized capital gains from assets sold for more than inventory value or purchase price if acquired after the initial inventory, assets discovered after filing initial inventory.)	Amount

Enter Total on Page 1 Summary Explanation, Line 2.	\$
Schedule B – Disbursements, Distributions and Realized Capital Losses	☐ See attached
Itemize Disbursements, Distributions and Realized Capital Losses (Example: Costs of care of the ward/individual; payments made for the benefit of the ward/individual; assets sold for less than inventory value or purchase price if acquired after the initial inventory.)	Amount
	Θ

Enter Total on Page 1 Summary Explanation, Line 4.

Schedule C - Assets on Hand (a	t end of accounting period)				
Cash, Checking Account [Include Instit	Amount				
(List balance at end of accounting	period.)	\$ \$ \$ \$ \$			
	Investments	Amount			
(List inventory value, or purchase pr	ice if acquired after the initial inventory.)	\$ \$ \$ \$			
Real Estate/Pi (Description of property including digital pro real estate, and related encumbrances, lien	Amount				
(List inventory value, or purchase pr	ice if acquired after the initial inventory.)	\$ \$ \$ \$			
Other As	Amount				
(List inventory value, or purchase pr	\$ \$				
Enter (\$				
For Authorized Persons Only Display of Assets and Examination of Accounts: I am not the guardian or conservator. I am authorized by the court to examine assets. I have examined all securities, depository accounts, and other investments, and such assets correspond with the account, except as indicated.					
•	•				
	Authorized Signature (Not guardian/conserve	ator)			
	Name Printed or Typed				
	Title				
	Address				
	Email Address	Telephone Number			
	Date	State Bar No. (if any)			