☐ **ANNUAL RETURN** ☐ **FINAL RETURN**

. . . . . .

(**Conservator** *that may be formerly known as* **Guardian - Executor - Administrator**)

PERIOD FROM _____ TO: _____

In Account with Estate of _____

(Minor - Incapacitated Adult - Deceased)

Itemize all receipts and disbursements. If there is not adequate space on this form, you may use as many additional forms as you need.

DATE		RECEIPTS: *(Indicate source of original funds: list any assets, such as savings accounts, stocks, etc. OR pick up balance from last return)*				
		Balance from Last Return, if any (Beginning Balance)	$			
		Interest to Date				
		Other Receipts:				
		TOTAL RECEIPTS			$	
DATE		DISBURSEMENTS: List to whom paid and purpose of payment				
			$			
		TOTAL DISBURSEMENTS (deduct from receipts)			$	
		NET BALANCE ON HAND			$	
		DEPOSITED IN:				

_____

Signature of Attorney, if any,
representing fiduciary

I have compared the original vouchers with the items listed on the return and certify that the return is correct.

_____

(**Conservator** *that may be formerly known as* **Guardian - Executor - Administrator**)

It is ORDERED that the within return be allowed

this _____ day of _____, 20_____.

_____

Judge of the Probate Court

Sworn to and subscribed before me this

_____ day of _____, 20_____.

_____

(Notary Public or C.C.)