

ACCOUNT INFORMATION SHEET

In the Matter of the Estate of: _____

Superior Court Case Number: _____

Current Bond Amount: _____

Fair Market Value of Estate Assets:
(at accounting period year end) _____

Estimated Annual Income: _____

Requested Bond Amount for coming year: _____

All restricted estate accounts/assets should be clearly identified (i.e. marked with an asterisk: * Restricted Account) in the accounting. Does this estate have any restricted accounts?

_____ yes _____ no

If yes, is a Proof of Restricted Account for each account, signed by the current financial institution representative, on file with the Court?

_____ yes _____ no

If the financial institution's name has changed, or if it has been merged with or acquired by another institution since the filing of the original Proof of Restricted Account, file a new Proof of Restricted Account signed by the existing financial institution.

Other than professional advisors (attorneys, accountants, financial brokers), does the estate employ any private individuals such as caretakers or aides?

_____ yes _____ no

(The amount and date of all payments and the identity of the payee should be stated in the Accounting.)

Are any of these private individuals related to the minor/ward or to the conservator?

_____ yes _____ no

If yes, please state the name and relationship of each individual.

Have any gifts been made from the ward/minor's estate without prior Court approval?

_____ yes _____ no

If yes, please state the name and relationship of the recipient, and the amount and purpose of the gift.

Is all real property, automobile(s), and other personal property in the estate adequately insured? _____ no _____ yes _____ not applicable

Does the Accounting show the company name and type of property insured for each policy? _____ yes _____ no If not, why not?

Does the ward/minor have medical insurance? _____ no _____ yes

If yes, please list the insurance company and policy number.

Are there any life insurance policies on the ward/minor's life? _____ no _____ yes

If yes, please list the insurance company, policy number, and date of policy(s).

Are you aware of any changes made to the ward's estate plan during this accounting period, including any change of designated beneficiary on an asset? _____ no _____ yes

If yes, please list the date and name of the document effecting such change and identify the person(s) who signed/prepared the document(s).

Please list the location of all of the ward's wills, codicils, trusts and amendments:

Are income tax returns required to be filed on behalf of the ward/minor? ___ no ___ yes
If yes, list the name and address of the accountant/tax preparer:

Does the ward/minor own any real property ? ___ no ___ yes
If yes, please list the names of the person(s) living on the property, their relation to the ward/minor, and the amount, if any, of rent that is being paid on the property.

Current mailing address, residence address and phone number of Conservator(s):

Mailing Address:

Residence Address:

Phone Number:

Current address and phone number of Ward/Minor:

Residence Address:

Phone Number:

Dated _____

Signature of Conservator