

IN THE CIRCUIT COURT OF THE 14<sup>th</sup> JUDICIAL CIRCUIT, STATE OF FLORIDA,  
GUARDIANSHIP, PROBATE AND MENTAL HEALTH DIVISION

IN RE: THE GUARDIANSHIP OF \_\_\_\_\_

CASE NO.: \_\_\_\_\_-GA

\_\_\_\_\_  
(Name of Ward)

Circle guardianship type: Plenary \_\_\_\_\_ Minor \_\_\_\_\_ Limited \_\_\_\_\_

**SIMPLIFIED ACCOUNTING OF GUARDIAN OF PROPERTY** rvd 2/16

FROM: \_\_\_\_\_ 20 \_\_\_\_\_ THRU: \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_, the guardian of the property of \_\_\_\_\_ (the ward),  
submits the following Simplified Accounting as the annual accounting of this guardian for the period stated.

1. Pursuant to Order of this Court, all assets of the Ward are in the following designated depositories  
under Sec. 69.031, Florida Statutes:

a.) \_\_\_\_\_

(Name of institution)

Account Number: \_\_\_\_\_ (Last 4 digits)

Balance at end of period \$ \_\_\_\_\_

b.) \_\_\_\_\_

(Name of institution)

Account Number: \_\_\_\_\_ (Last 4 digits)

Balance at end of period \$ \_\_\_\_\_

c.) \_\_\_\_\_

(Name of institution)

Account Number: \_\_\_\_\_ (Last 4 digits)

Balance at end of period \$ \_\_\_\_\_

**CASH TOTAL** \$ \_\_\_\_\_

2. The original or certified copies of the end-of-period statement(s) of the Ward's account(s) from  
the financial institution(s) are attached to this accounting\*.

\*Important Note: Please attach a copy of the bank statement that covers/shows the account balance as of the last date of the reporting period covered by this Simplified Accounting,  
for each account. In the alternative, a letter from the bank with a bank official's signature and business card attached, which states the asset amount as of that date, may be provided  
for each account.

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**FROM:** \_\_\_\_\_ **THRU:** \_\_\_\_\_

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3. The only transactions that have occurred in the account(s) are interest accrual, deposits pursuant to settlement, or financial institution service charges.

Under penalties of perjury, I declare that, to the best of my knowledge and belief, this accounting is true and correct, and that I have custody and control of the Ward's property as set forth in the attached end-of-accounting-period statement(s). This accounting HAS/ HAS NOT (circle applicable one) been reviewed with the ward to the extent possible.

Signed on: \_\_\_\_\_, 20\_\_\_\_\_

Print Guardian Name: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**I hereby certify that a copy of this simplified accounting was served on the Ward on**

\_\_\_\_\_ day \_\_\_\_\_ 20\_\_\_\_\_.

Guardian's Signature \_\_\_\_\_