# IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

Register in Chancery Kent County 38 The Green, Ste. 208 Dover, DE 19901 302-735-1930

Register in Chancery New Castle County 500 N. King Street, Ste. 11600 Wilmington, DE 19801 302-255-0544 Register in Chancery Sussex County 34 The Circle Georgetown, DE 19947 302-856-5775

In the Matter of:
a person with a disability/a minor : C.M. # 12345 - S
GUARDIAN'S ACCOUNT
Accounting Number: [First, Second, Third,] or Final Please circle or fill-in the appropriate number
Accounting Period: $ - - - - - - - - - - - - - - - - - - -$
Date Guardian(s) was/were appointed: 7-1-20
Guardian's Information  Guardian's name:
Guardian's complete address: 178 Dalmotion Way Lewes, DE 19958
Guardian's phone number: 1-302 - 856 - 1264
If applicable: Co-Guardian's name:
Co-Guardian's complete address:
Co-Guardian's phone number:
PLEASE NOTE: THE GUARDIAN(S) MUST ATTACH THE ANNUAL UPDATE AND MEDICAL STATEMENT TO EACH ACCOUNTING, EXCEPT THE FIRST SIX MONTH ACCOUNTING AND THE FINAL ACCOUNTING.
Rev. 07/2022
In the matter of:



#### **Additional Information Regarding Accountings**

(Please see the Court of Chancery Rules for further information)

The guardian(s) is/are required to file an accounting of this estate at least once every year. The guardian(s) shall file the first accounting for a period of six months beginning with the date of his/her/their appointment as guardian(s), which accounting is due nine (9) months from his/her/their appointment. Each subsequent accounting shall cover a twelve (12) month period and shall begin on the date following the date the previous accounting ended. The annual accountings are due on or before the first business day of the calendar quarter in which the guardian was appointed, and at such other times as the Court may direct.

If additional space is required on schedules, please insert sheets of the same size. All items must be listed as separate entries (e.g. Social Security must be listed each month it was received, not as one lump payment). Spreadsheets can be filed as an attachment to any schedule.

The guardian(s) must sign either the C-16-A or C-16-B form (the last two pages of this packet), but the form does not need to be notarized.

The guardian(s) is/are required to provide cancelled checks, bank statements, receipts and any other pertinent information to show how the money of the person with a disability was used (per Chancery Rule 120).

Once your accounting has been audited by the Register in Chancery clerk, a bill will be mailed to the guardian(s); the fees are based on Chancery Rule 3(bb). In addition, the guardian(s) will be charged a \$10.00 fee for the clerk to electronically file the accounting.

Supporting documents (e.g. bank statements and receipts) are not kept by the Register in Chancery after the accounting has been reviewed by the Judicial Officer, so please select one of the following options:

umentation to be-
rk
nis box, you will be called or sent a letter and r they will be shredded. You may also choose to ms to be returned to you.)
[-1-2]
Date
Date

In the matter of:	love Doe	a person with a disability/a minor

### **SUMMARY**

SCHEDULE	TITLE	VALUE
А	PRINCIPAL ON HAND	\$ 183,500.00
В	ADDITIONS TO PRINCIPAL	\$ 40,000.00
С	INCOME RECEIVED	\$ 1,200-12
	TOTAL:	\$ 224,700.12
D	DEDUCTIONS FROM PRINCIPAL	\$ 3,000.00
Е	INCOME PAID OUT	\$ 275.00
	TOTAL:	\$ 3,275.00
F	PRINCIPAL REMAINING ON HAND	\$ 221,425.12

\*\*\*PLEASE NOTE THAT A COPY OF ALL BANK STATEMENTS, RECEIPTS AND INVOICES PAID DURING THE ACCOUNTING PERIOD MUST BE FILED WITH THE ACCOUNTING.

In the matter of:	Mre	Doe	, a person with a disability/a mind
	V 4 K		

#### **SCHEDULE A**

AMOUNT OF PRINCIPAL ON HAND ON 1-1-21 (Date). This amount should be the same amount of the original principal reported in the inventory if this is a First Accounting or the ending principal of the last accounting. (This schedule includes all bank accounts, real estate owned by the person with a disability, household furnishings, automobiles, all miscellaneous furnishings, etc.,)

DESCRIPTION OF ASSET	VALUE
WSFS Checking and # 9999	\$ 20,000.00
Wists Savings and # 1234	\$ 1,500.00
2017 Cherry Malibu	\$ 12,000.00
House: 476 Millon Drive Milford, DE 19903	\$ 150,000.00
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL:	\$ 83,500.00

In the matter of:, a person with a disability/a mind	In the matter of:	One Doe	, a person with a disability/a	minor
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# SCHEDULE B

ADDITIONS TO PRINCIPAL, WHEN MADE, AND THE SOURCE FROM WHICH THEY WERE OBTAINED. This should include Capital Gain in stock, sale of real estate, etc. Please state: (1) the date of the transaction, (2) the description of the investment and (3) the gain realized.

DATE OF TRANSACTION	DESCRIPTION OF INVESTMENT	GAIN REALIZED
1-1-21	State farm insurance Policy (found after the inventory)	\$ 40,000.00
	(found after the inventory)	\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
	TOTAL:	\$ 40,000.00

In the matter of:	Jane Doe	, a person with a disability/a mino
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# SCHEDULE C

INCOME RECEIVED, WHEN RECEIVED AND FROM WHAT SOURCE. This schedule should include any and all income received such as social security, pension, alimony, certificate of deposit interest, dividends and interest from stock, interest on savings accounts, income from rental properties, etc.

DATE	TRANSACTION DESCRIPTION	VALUE
1-2-21	Social Security	\$ 100.00
8-8-81	Social Security	\$ 100.00
3-2-21	Social Security	\$ 100.00
4-2-21	Social Security	\$ 100.00
5-2-21	Social Security	\$  00.00
	Social Security	\$ 100.00
	Social Security	\$100.00
	Social Security	\$ 100,00
9-2-21	Social Security	\$ 100.00
	Social Security	\$ 100.00
11-2-21	Social Security	s 100.00
12-2-21	Social Security	\$ 100.00
G		\$
	TOTAL: Pa Sub	s/igov.00

In the matter of:	bore Doe	, a person with a disability/a minor

### SCHEDULE C, cont.

INCOME RECEIVED, WHEN RECEIVED AND FROM WHAT SOURCE. This schedule should include any and all income received such as social security, pension, alimony, certificate of deposit interest, dividends and interest from stock, interest on savings accounts, income from rental properties, etc.

DATE	TRANSACTION DESCRIPTION	VALUE
1-6-21	Wafs Soilings inherest.	\$ .03
2-15-21	Wafs Sovings interest	\$ ,02
3-14-21		\$ .05
4-15-21	Wsfs Sodings interest	\$ ,02
	<b>J</b>	\$
		\$
	4	\$
		\$
		\$
		\$
		\$
	Pg Sub	s · IQ
	Schedule C TOTAL:	s 1,200.12

In the matter of:	Jane Doe	, a person with a disability/a minor

### SCHEDULE D

DEDUCTIONS FROM PRINCIPAL, WHEN MADE AND FOR WHAT PURPOSE. This schedule should include actual losses on investments. Examples are capital losses on stocks, and/or losses from sale of property. (If a household article was appraised at \$2000.00, but sold for \$1,500.00, this would result in a \$500.00 loss).

DATE	TRANSACTION DESCRIPTION	VALUE
9-24-21	501d-2017 Chery Malibu (Original Price - Sold Price) 12,000.00 - 9,000.00	\$ 3,000.00
	12,000.00 - 9,000.00	\$
	**	\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
	TOTAL:	\$ 3,000.00

In the matter of:	Done Doe	, a	person	with	a disabili	ty/a	minor

# SCHEDULE E

INCOME PAID OUT\EXPENSES PAID, TO WHOM, WHEN PAID, AND FOR WHAT PURPOSE. This schedule should include all income paid out for the benefit of the person with a disability (also include any and all bank service charges).

DATE	CHECK #	TO WHOM/CREDITOR AND PURPOSE	AMOUNT
1-3-21	111	Venzan	\$ 100.00
1-10-21		Royal farms gas  Del. electric Coop  Monthly Statement fre  Register in Chancery accounting fee	\$ 20.00
1-29-21	112	Del. electric Coop	\$ 50.00
2-10-21	113	Monthly Statement fee	\$ 5.00
3-20-21	114	Register in Chancery accounting fee	\$ 100.00
		<i>y y</i>	\$
		П	\$
,			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
		TOTAL:	\$ 275.00

In the matter of:	Jane Doe	, a person with a disability/a mind
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# **SCHEDULE F**

PRINCIPAL ON HAND AT THE END OF THE ACCOUNTING PERIOD. This schedule should include the remaining balance in all bank accounts after all deductions and additions are made. This schedule should also include any real or personal property of the person with a disability that is still in their possession (which has not been sold). Please include the source and the amount.

SOURCE	VALUE
WSFS Checking acct. # 9999	\$ 29,925.00
Wsfs Salings arct. # 1234	s 1,500.12
State farm Life insurance	s 40,000 00
House: 476 Millan Drive Milford, DE 19963	\$ 150,000.00
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL	s 221,425.1a

In the matter of:	, lane Doe	, a person with a disability/a minor
	10010	

# LIST OF BENEFICIARIES/INTERESTED PARTIES

The following is a list of any and all next-of-kin and any beneficiaries over the age of eighteen in regard to the guardianship created for the benefit of the person with a disability. If the beneficiary is under the age of eighteen, then the name and address of his or her guardian should be provided.

	Name of Beneficiary	Address of Beneficiary	Relationship
1	John Doe	178 DalMadian Way Lewes, DE	Husband - guardian
2	Robert Doe	222 Sea St. Milton DE	Son
3	Sara Tre	99 Glar Lane Milford DE	Doughter
4			J
5			
6			
7			
8			
9			
10			
11			
12			

In the matter of:	have Doe	, a person with a disability/a minor
in the matter or.	Other Co.	, a poison with a disability/a minor

For Final Accountings	Only (C-16-B Form)
For Final Accountings Guardianship Case #_	1234-5

# COURT OF CHANCERY, REGISTER IN CHANCERY STATE OF DELAWARE

	guardian(s), duly qualified according to
law, declare that the foregoing account is just and	guardian(s), duly qualified according to true to the best of his/her knowledge and belief.
Guardian	Co-Guardian (if applicable)
I declare under penalty of perjury under the	I declare under penalty of perjury under the
laws of Delaware that the foregoing is true and	laws of Delaware that the foregoing is true and
correct.	correct.
Executed on the day of (month) <u>QOQ1</u> (year).	Executed on the day of (year).
(month) (year).	(month) (year).
Whn Doe (Printed Name)  Ada Doe (Signature)	(Printed Name)
John Doe (Signature)	(Signature)
I,, in I have examined the foregoing accounting, tried wouchers and find the same correct as shown.	the Register in Chancery, do hereby certify that the calculations and additions, have compared the
Court Clerk Reg	gister in Chancery
And further, that on the day of to the beneficiary(ies) at their addresses shown in been filed and would remain open for inspection	, 20, I did send by mail the accounting, a notice that said accounting had and exception of any interested party for thirty
days from said date; and that no exceptions t	hereto have been filed to this the day of
days from said date; and that no exceptions t	hereto have been filed to this the day of gister in Chancery
days from said date; and that no exceptions to the court Clerk Regardian/trustee no investment of the principal be approved or disagther remainder of the accounting be and hereby	gister in Chancery  20, the foregoing account has been r any party of interest has requested that the oproved; it is therefore ordered by the Court that is approved, without passing upon the manner in sted. Upon the approval of the Petition to
days from said date; and that no exceptions to the court Clerk Regarder of the principal be approved or disagrather remainder of the accounting be and hereby which the principal has been or is now investmented, the fiduciary will be discharged as the counting of the accounting be and hereby which the principal has been or is now investmented, the fiduciary will be discharged as the counting of the counting be and hereby which the principal has been or is now investmented.	gister in Chancery  20, the foregoing account has been r any party of interest has requested that the proved; it is therefore ordered by the Court that is approved, without passing upon the manner in sted. Upon the approval of the Petition to