



**MARYLAND** Circuit Court for \_\_\_\_\_ Case No. \_\_\_\_\_  
 City or County

In the Matter of

Name of Minor or Disabled Person

## **FIDUCIARY'S ACCOUNT (Rule 10-708(a))**

I, \_\_\_\_\_, make this  periodic  final Fiduciary's Account  
Guardian of the Property  
for the period from \_\_\_\_\_ Date \_\_\_\_\_ to \_\_\_\_\_ Date \_\_\_\_\_ .

The Fiduciary Estate consists of the following assets as  reported on the Fiduciary's Inventory  
 carried forward from last Fiduciary Account:

A. REAL ESTATE	\$ _____
B. CASH & CASH EQUIVALENTS	\$ _____
C. PERSONAL PROPERTY	\$ _____
D. STOCKS	\$ _____
E. BONDS	\$ _____
F. OTHER	\$ _____
<b><u>TOTAL</u></b>	\$ _____

The following changes in the assets of the Fiduciary Estate have occurred since the last account:  
(Please include real or personal property that was bought, sold, transferred, exchanged, or disposed of and  
any loans that were taken out on any asset in the estate. Attach additional sheets, if necessary.)

## A. INCOME

Date Received	Type of Income (e.g., pension, social security, rent, annuity, dividend, interest, refund)	Source	Amount
			\$
			\$
			\$
			\$
			\$
			\$
<b>TOTAL</b>			\$

**B. DISBURSEMENTS**

Date of Payment	To Whom Paid	Purpose of Payment	Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
<b>TOTAL</b>			\$

**C. ASSETS ADDED**

Date	Description of Transaction	Gross Purchase Price	Value at date of acquisition if other than by purchase
			\$
			\$
			\$
			\$
			\$
			\$
<b>TOTAL</b>			\$

**D. ASSETS DELETED**

Date	Description of Transaction	Gross Sale Proceeds	Selling Costs	Carrying Value	Gain or (Loss)

**SUMMARY**

Total Income.....	\$ .....
Total Disbursements.....	\$ .....
Total Assets Added.....	\$ .....
Total Assets Deleted.....	\$ .....
Total Changes.....	\$ .....

A Summary of the Fiduciary Estate to be carried forward to next account:

A. REAL ESTATE	\$ .....
B. CASH & CASH EQUIVALENTS	\$ .....
C. PERSONAL PROPERTY	\$ .....
D. STOCKS	\$ .....
E. BONDS	\$ .....
F. OTHER	\$ .....
<b><u>TOTAL</u></b>	\$ .....

The Fiduciary bond, if any, has been filed in this action in the amount of \$ .....

**VERIFICATION:**

I solemnly affirm under the penalties of perjury that the contents of this document are true to the best of my knowledge, information, and belief.

-----  
Signature of the Fiduciary

Date

-----  
Signature of the Fiduciary

Date

-----  
Address

-----  
Address

-----  
City, State, Zip

-----  
Telephone

-----  
City, State, Zip

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Telephone

-----  
Name of Fiduciary's Attorney

-----  
Address

-----  
City, State, Zip

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Fax ----- E-mail ----- CPF ID No.