



CIRCUIT ORPHANS' COURT FOR _____, MARYLAND

City/County

Located at _____ Case No. _____
Court Address

In the Matter of

Name of Minor or Disabled Person

Docket Reference

FIDUCIARY'S ACCOUNT (Md. Rule 10-708(a))

NOTE: Guardians of the property must complete and file this form each year within 60 days of the anniversary of their appointment or as the court otherwise directs. This form is also used as the final Fiduciary's Account if the guardianship of the property is terminated, or the guardian of the property resigns or is removed by the court. **Attach copies of account statements and documentation that show balances for the reporting period.**

If a section of this form does not apply, write "Not applicable" or "N/A." Attach additional sheets if needed.

Minor or Disabled Person's Date of Birth: _____
Gender: Female Male

REPORTING PERIOD

I/We, _____ and (if applicable) _____,
Name of Guardian Name of Guardian 2

make this annual final Fiduciary's Account for the reporting period of _____ to _____
Date Date

Part I. Fiduciary estate

List the fair market values and balances as of the end date of this reporting period.

A. REAL ESTATE

Attach documentation that shows fair market values as of the end of the reporting period (from a state department of assessments and taxation, real estate website or listing, etc.).

Location: _____ Fair market value: \$ _____
Address

City, state, zip

Lender (if any): _____ Mortgage balance: \$ _____
Ownership type (select one):
 Sole owner Joint tenant Tenant in common with _____ % interest
 Tenants by the entirety
 Other (describe): _____

Joint tenant/in common/by
the entirety/other name

Relationship to minor or
disabled person

Address

.....
.....
.....

Location: Fair market value: \$

Address

.....
City, state, zip

Lender (if any): Mortgage balance: \$

Ownership type (*select one*):

Sole owner Joint tenant Tenant in common with % interest

Tenants by the entirety

Other (describe):

Joint tenant/in common/by
the entirety/other name

Relationship to minor or
disabled person

Address

.....
.....
.....

Location: Fair market value: \$

Address

.....
City, state, zip

Lender (if any): Mortgage balance: \$

Ownership type (*select one*):

Sole owner Joint tenant Tenant in common with % interest

Tenants by the entirety

Other (describe):

Joint tenant/in common/by
the entirety/other name

Relationship to minor or
disabled person

Address

.....
.....
.....

B. CASH & CASH EQUIVALENTS

Checking, savings, or certificates of deposit (CDs).

Attach statements that show balances at the end of the reporting period or the most recent.

<u>Financial institution</u>	<u>Type</u>	<u>Account number</u> <u>(last 4 digits only)</u>	<u>Balance</u>	<u>Joint owner(s)</u> <u>(if any)</u>
			\$	
			\$	
			\$	
			\$	
			\$	

TOTAL: \$ _____

C. BROKERAGE ACCOUNTS, STOCKS, BONDS, AND OTHER SECURITIES

Attach statements that show values at the end of the reporting period or the most recent.

<u>Name of company</u>	<u>Type</u>	<u>Account number</u> <u>(last 4 digits only)</u>	<u>Value</u>	<u>Joint owner(s)</u> <u>(if any)</u>
			\$	
			\$	
			\$	
			\$	
			\$	

TOTAL: \$ _____

D. RETIREMENT ACCOUNTS

IRAs, Roth IRAs, 401(k), 403(b), etc.

Attach statements that show values at the end of the reporting period or the most recent.

<u>Name of company</u>	<u>Type</u>	<u>Account number</u> <u>(last 4 digits only)</u>	<u>Value</u>	<u>Beneficiary</u> <u>name(s)</u>
			\$	
			\$	
			\$	
			\$	

TOTAL: \$ _____

E. VEHICLES

Cars, boats, off-road vehicles, airplanes, etc.

Attach valuations for each vehicle as of the end of the reporting period or the most recent.

<u>Type of vehicle</u>	<u>Year, make, model</u>	<u>Fair Market</u> <u>Value</u>	<u>Lien</u> <u>(if any)</u>	<u>Co-owner(s)</u> <u>(if any)</u>
			\$	
			\$	
			\$	
			\$	

TOTAL: \$ _____

F. PERSONAL PROPERTY

List each item with a value over \$2,500 (fine jewelry, artwork, valuable collectables, etc.). Describe property if the collective value is less than \$2,500. For example, if the total value of the person's property is \$900, do not describe each item or list the value of each piece. Describe it as one category, "furniture."

If available, attach appraisals or any documents that show values or balances owed at the end of the reporting period or the most recent.

<u>Description</u>	<u>Location</u>	<u>Value</u>	<u>Lien amount (if any)</u>
			\$
			\$
			\$
			\$
			\$
			\$

TOTAL: \$ _____

G. OTHER

List annuities, burial accounts, burial plots, pre-paid burial plans, college 529 plans, cash values of life insurance policies. Also list judgments, loans, promissory notes, etc., owed to the minor or disabled person.

Attach statements that show values at the end of the reporting period or the most recent. Attach copies of policies or contracts added or changed during the reporting period.

<u>Name of institution</u>	<u>Type of account</u>	<u>Account number (last 4 digits only)</u>	<u>Value</u>
			\$
			\$
			\$
			\$

TOTAL: \$ _____

SUMMARY OF THE FIDUCIARY ESTATE:

<u>Type</u>	<u>Value reported on last Fiduciary's Account (or Inventory if this is the first account)</u>	<u>Value reported on this Fiduciary Account (enter totals from above)</u>
A. Real estate	\$ _____	\$ _____
B. Cash & cash equivalents	\$ _____	\$ _____
C. Brokerage accounts, stocks, bonds, and other securities	\$ _____	\$ _____
D. Retirement accounts	\$ _____	\$ _____
E. Vehicles	\$ _____	\$ _____
F. Personal property	\$ _____	\$ _____
G. Other	\$ _____	\$ _____
TOTALS:	\$ _____	\$ _____

Part II. Liabilities

List debts owed, other than mortgage or liens listed above. Attach additional sheets if needed.

A. LOANS

Attach account statements, or other documents that show amounts owed as of the end of the reporting period or the most recent.

<u>Lender name</u>	<u>Purpose (loan type)</u>	<u>Loan number</u>	<u>Balance due</u>
			\$
			\$
			\$
			\$

TOTAL: \$

B. CREDIT CARDS

Attach statements that show balances as of the end of the reporting period or the most recent.

<u>Company</u>	<u>Card</u>	<u>Account number</u> (last 4 digits only)	<u>Balance due</u>
			\$
			\$
			\$
			\$

TOTAL: \$

C. JUDGMENTS/LIENS

Attach copies or court orders or other documents that show balances owed as of the end of the reporting period or the most recent.

<u>Description</u>	<u>Balance due</u>
	\$
	\$
	\$
	\$

TOTAL: \$

D. OTHER

List other liabilities such as alimony, child support, garnishments, etc.

Attach copies of documents that show balances owed (if any). Also attach copies of court orders entered or changed during the reporting period.

<u>Description</u>	<u>To whom owed</u>	<u>Balance due</u>
		\$
		\$
		\$

TOTAL: \$

Part III. Income and disbursements

Attach additional sheets if needed.

A. INCOME

List all income, including benefits received (payments from insurance, judgments, loans, promissory notes, etc.) during the reporting period.

Attach Social Security statements, Department of Veterans Affairs benefit statements, pay stubs, account statements, court orders, and other documents that show income.

<u>Source</u>	<u>Total</u>
Social Security income:	\$ _____
Supplemental Security Income (SSI):	\$ _____
Social Security Disability Insurance (SSDI):	\$ _____
Veterans Affairs benefits:	\$ _____
Public cash assistance (e.g., Temporary Cash Assistance (TCA) or Temporary Assistance for Needy Families (TANF)):	\$ _____
Wages:	\$ _____
Interest:	\$ _____
Rental income:	\$ _____
Pensions/retirement:	\$ _____
Alimony:	\$ _____
Annuity payments:	\$ _____
Other (refunds, cash receipts, etc.) (describe):	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL: \$ _____

B. DISBURSEMENTS

List payments made from fiduciary accounts.

Attach receipts, statements, and other documentation showing payments.

<u>Date</u>	<u>To whom paid</u>	<u>Purpose of payment</u>	<u>Amount</u>
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

<u>Date</u>	<u>To whom paid</u>	<u>Purpose of payment</u>	<u>Amount</u>
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

TOTAL: \$

TOTAL INCOME AND DISBURSEMENTS:

Total income (total from Part III. A.): \$

Total disbursements (total from Part III. B.): -\$ (.....)

Net income/(loss): \$

Cash & cash equivalents balance from Fiduciary's Account
(or Inventory if this is the first account): \$

Ending cash & cash equivalents (total from Part I. B.): \$

Part IV. Assets changed or deleted

Describe assets (other than brokerage accounts) that changed during the reporting period. For example, if you sold a house, provide the date of the sale, the selling price, where you deposited the proceeds of the sale (e.g., which bank account), and explain why it was sold.

Attach HUD-1 settlement statements, bills of sale, or other documents that show changes or confirm sales. Attach additional sheets if needed.

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Part V. Other

A. HEALTH INSURANCE AND EXPENSES

Attach proof of insurance or notices of eligibility.

<u>Coverage type</u>	<u>Provider</u>
Medical	
Dental	
Vision	
Prescription	
Other:	

Does the minor or disabled person have or do you anticipate medical expenses the court should know about? Yes No

If yes, explain:

B. OTHER MATTERS

Describe pending litigation, potential claims, potential inheritances, other public benefits (e.g., food stamps), or other matters of which the court should be aware.

BOND

The fiduciary bond, if any, has been filed in this action in the amount of \$ _____ on _____ Date.
Attach a copy of the bond.

PROPOSED FINAL DISTRIBUTION OF REMAINING ASSETS OF THE ESTATE

For final fiduciary account only. Attach additional sheets if needed.

The proposed distribution of the estate to be made as of the approximate date of _____ Date,
is as follows:

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.

Date

Signature of Guardian 1

Printed Name

Address

City, state, zip

Telephone

This is a new address since the last report (or since appointment if this is your first report).

Date

Signature of Guardian 2 (*if applicable*)

Printed Name

Address

City, state, zip

Telephone

This is a new address since the last report (or since appointment if this is your first report).

Name of Fiduciary's Attorney

Address

City, state, zip

Fax E-mail CPF ID No.