

**ELEVENTH JUDICIAL CIRCUIT COURT
McLEAN COUNTY, IL**

In the Matter of the Estate of:

Case Number: _____

_____,
a disabled adult.

ACCOUNTING

I, _____, am the Guardian of the estate of _____, a disabled person, and the following is a true and complete accounting of the estate's cash receipts and disbursements covering the period from _____ to _____, and an inventory of the ward's assets as of _____.

CASH RECEIPTS

Date	Description	Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Total cash receipts: \$ _____

CASH DISBURSEMENTS

Date	Description	Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Total cash disbursements: \$ _____

Cash on hand at beginning of accounting period: \$ _____

Total cash receipts (listed above): \$ _____

Total cash disbursements (listed above): \$ _____

Cash on hand at end of accounting period: \$ _____

INVENTORY

Item Number	Description	Value
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Total value: \$ _____

CERTIFICATION

Under penalties of perjury as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements and information set forth in this instrument are true and correct.

Date

Signature

Print Name

Any person who makes a false statement, material to the issue or point in questions, which he does not believe to be true, in any document certified by such person in accordance with 735 ILCS 5/1-109 shall be guilty of a Class 3 felony punishable by two (2) to five (5) years imprisonment and/or a \$25,000 fine.