

State of North Dakota

In District Court

County of _____

_____ Judicial District

In The Matter of the Guardianship or Conservatorship of

Case No. _____

Final Report and Accounting

Address of Ward/Protected Person: _____

City, State Zip: _____

Individual's age: _____ Phone number: _____

Guardian(s) or Conservator: _____

Address: _____

City, State Zip: _____

Phone and email: _____

Following is a final accounting and a list of all assets and liabilities owned by the Ward/Protected Person, or in which they have an interest. Additional pages are attached if needed.

Fillable forms and instructions are available under "Legal Self Help & Forms" at ndcourts.gov.

Personal identification numbers such as account numbers, birthdates, and social security numbers must have been redacted or completely crossed out on any attachments. Birth year and the last four digits of identification numbers **aren't** redacted because those are acceptable.

Final Accounting

Report for the period from ____/____/____ to ____/____/____.

1) Beginning checking account(s) balance (also enter on line 6): \$ _____

2) Income and deposits:

Wages/salary \$ _____

Social Security \$ _____

Pensions/annuities \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

3) Total of all deposits (also enter on line 7): \$ _____

4) Expenses and withdrawals:

Rent/mortgage/residence \$ _____

Utilities/phone/etc \$ _____

Groceries/food \$ _____

Insurances \$ _____

Spending money \$ _____

Medical \$ _____

Personal needs \$ _____

Guardian/conservator fees \$ _____

Legal/professional fees \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

5) Total of all expenses (also enter on line 8): \$ _____

6) Beginning balance (from line 1): \$ _____

7) Add total deposits (from line 3): \$ _____

8) Subtract total expenses (from line 5): \$ _____

9) Ending checking account(s) balance: \$ _____

10) Assets disposed of since my last report to the court:

Asset Description and reason for disposal	Date of Disposal	Amount Received

Ending Inventory

11) Cash, checking accounts:

Description	Value or Balance	Location

12) Savings accounts, other banking accounts, and investments:

Description	Value or Balance	Location

13) Personal property (*combine all general personal property, such as clothing, appliances, furniture, and housewares, and provide estimated total. List items of high value, such as jewelry, art or antiques, separately*):

Description	Value	Location
Household goods and personal property:		
Other (<i>describe</i>):		

14) Real estate and physical assets:

Description	Value	Location

15) Other assets:

Description	Value or Balance	Location

16) Total of all assets (also enter on line 20): \$ _____

17) Mortgages, loans, creditors, other debt:

Description	Value or Balance	Location

18) Other creditors, debt and unpaid bills:

Description	Value or Balance	Location

19) Total of all debt/liabilities (also enter on line 21): \$ _____

22) Equals total estate value or net worth: \$_____

[illegible]

☐ **c) In cases where the Ward/Protected Person has passed away:**

I will surrender titles, invoices, receipts, insurance policies, bank and financial statements, and all other papers and assets in this estate as the court directs.

25) I/we will arrange to have a copy of this report served by certified mail or first class mail to each person listed below. A Declaration of Service showing service to each person listed below will be filed with this report. The following persons will be served a copy of this Final Report and Accounting (*list the name and relationship to the Ward/Protected Person of each person to whom you served a copy of this report. Declaration of Service forms are included with this report form*):

26) By signing below, I/we certify under penalty of perjury under the law of North Dakota that the information contained in, and attached to, this Final Report and Accounting is true, complete, and correct.

Guardian or conservator (print): _____

Signature: _____ Date: _____

County, State, & Country where signed: _____

Guardian or conservator (print): _____

Signature: _____ Date: _____

County, State, & Country where signed: _____

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Confidential Information Form

*The information on this form is confidential and must not be placed in a publically accessible document. Social security numbers and birthdates **aren't** required for company employees – list the company's contact information and Tax Payer ID Number.*

Full Information

Redacted Information

Ward:

Name: _____

Date of Birth: _____

Social Security #: _____

Year of Birth: _____

XXX-XX-_____

Guardian:

Name: _____

Date of Birth: _____

Social Security # or

Tax Payer ID #: _____

Year of Birth: _____

XXX-XX-_____

Conservator:

Name: _____

Date of Birth: _____

Social Security # or

Tax Payer ID #: _____

Year of Birth: _____

XXX-XX-_____

Co-Guardian/Co-Conservator:

Name: _____

Date of Birth: _____

Social Security # or

Tax Payer ID #: _____

Year of Birth: _____

XXX-XX-_____

If you included financial account numbers on the Final Report and Accounting, make sure only the last 4 digits appear on the Report. List the full financial account information below for each financial account number you included on the Report. If you didn't include any financial account numbers on the Report, write or type "Not Applicable" on the first line below.

Full Information

Redacted Information

Financial Account Numbers:

Name of Account: _____

Account Number: _____

Last 4 Digits: _____

Name of Account: _____

Account Number: _____

Last 4 Digits: _____

Name of Account: _____

Account Number: _____

Last 4 Digits: _____

Name of Account: _____

Account Number: _____

Last 4 Digits: _____

Dated _____

Dated _____

(Guardian Signature)

(Co-Guardian Signature)

(Guardian Printed Name)

(Co-Guardian Printed Name)

(Guardian Address)

(Co-Guardian Address)

(Guardian City, State, Zip Code)

(Co-Guardian City, State, Zip Code)

(Guardian Telephone Number)

(Co-Guardian Telephone Number)

(Guardian Email)

(Co-Guardian Email)

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Contact Information Form

The Guardian/Conservator must mail copies of the Final Report and Accounting to the Guardian/Protected Person, and all interested persons listed in the court order appointing the guardian/conservator. Review your court order and list the name, relationship to the Ward/Protected Person, address, phone number, and email of the ward, and every interested person listed.

Ward's Name	Address, Phone Number & Email
Guardian's/Co-Guardian's Name	Address, Phone Number & Email
Conservator's/Co-Conservator's Name	Address, Phone Number & Email
Interested Person Name & Relationship	Address, Phone Number & Email

Interested Person Name & Relationship	Address, Phone Number & Email

Dated _____

(Signature)

(Printed Name)

(Address)

(City, State, Zip Code)

(Telephone Number)

(Email Address)

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Declaration of Service by Mail

*(May serve multiple persons **only if** envelopes are mailed same day.)*

The person serving court documents by mail states:

1. My name is _____ *(name of person who mailed documents)*. I am at least 18 years of age.

2. **List of Court Documents Served** *(checkmark ☒ the box of each item served. If you have additional documents, checkmark the box and list the name of the document):*

☒ Final Report and Accounting

☒ Contact Information Form

☐ _____

☐ _____

☐ _____

3. **Service by Mail:**

I served a true and correct copy of each of the court documents listed in Paragraph 2 by mailing them, enclosed in an envelope, by First-Class mail, postage prepaid, and by depositing them in the United States Mail, directed to each person listed in Paragraph 5.

4. **Date of Service by Mail:**

Date Court Documents Were Served by Mail: _____

5. **Person or Persons Served by Mail:**

1. Name of Person Served: _____
Mailing Address: _____
City, State, Zip Code: _____
2. Name of Person Served: _____
Mailing Address: _____
City, State, Zip Code: _____
3. Name of Person Served: _____
Mailing Address: _____
City, State, Zip Code: _____
4. Name of Person Served: _____
Mailing Address: _____
City, State, Zip Code: _____

6. I declare, under penalty of perjury under the law of North Dakota, that everything I stated in this Declaration of Service by Mail is true and correct.

Signed on _____ (date) in _____ (city),
_____ (county), _____ state), _____ (country).

(Signature)

(Printed Name)

(Address)

(City, State, Zip Code)

(Telephone Number)

(Email Address)