

**IN THE CIRCUIT COURT OF THE TWELFTH JUDICIAL CIRCUIT
WILL COUNTY, ILLINOIS – IN PROBATE**

IN RE THE ESTATE OF

Name of disabled adult

CASE NO: _____

A Disabled Adult

GUARDIAN OF ESTATE’S ANNUAL REPORT AND ACCOUNTING

_____, by order entered _____, 20_____,
Name of guardian Date Court appointed guardian
was appointed plenary guardian of the estate of _____, pursuant to
Name of disabled adult
755 ILCS 5/24-11 and Local Rule 10.13, respectfully submits the following annual report, accounting of the
personal and real property discovered to date:

A. Real Property:

LIST THE ADDRESSES, TYPE OF INTEREST OF DISABLED ADULT (sole owner, joint owner, etc.) AND VALUE OF EVERY PIECE OF REAL PROPERTY OWNED.

B. Personal Property:

LIST EVERY BANK ACCOUNT, VEHICLE, LIFE INSURANCE POLICY, ETC. OWNED BY THE DISABLED ADULT AND ITS VALUE. FOR EACH ITEM, LIST ANY OTHER NAMES OR JOINT OWNERS OF EACH ACCOUNT, ETC.

<u>Item No.</u>	<u>Description</u>	<u>Amount</u>
1.		
2.		
3.		
4.		

Summary: The total amount of the ward’s estate on _____ is \$_____.
Date of signing Total value of A + B items

ANDREA LYNN CHASTEEN, CLERK OF THE CIRCUIT COURT OF WILL COUNTY

C. Expenditures (List in detail) – LIST THE DATE AND AMOUNT OF EVERY EXPENDITURE MADE WITH THE DISABLED ADULT’S MONEY.

D. Income (List in detail) – LIST THE DATE AND AMOUNT OF MONEY RECEIVED ON BEHALF OF THE DISABLED ADULT.

(Signature of guardian)

Address of Guardian: _____

Guardian of _____
Name of disabled adult

VERIFICATION UPON AFFIRMATION

I, _____, being first duly sworn on oath, depose and state that I
Name of guardian
am guardian of the estate of _____, that I have read the foregoing
Name of disabled adult
Annual Report and Accounting, that I know the contents thereof, and that the same are true and correct to the
best of my knowledge.

(Signature of guardian)

Prepared By:

Attorney _____

Firm _____

ARDC# _____

Address _____

City and Zip _____

Telephone _____

ANDREA LYNN CHASTEEN, CLERK OF THE CIRCUIT COURT OF WILL COUNTY