

# Woodford County, Illinois

In the Matter of

A disabled person/minor

Case No: \_\_\_\_\_

## Accounting

I, \_\_\_\_\_, am the guardian of the estate of \_\_\_\_\_, a disabled person/minor, 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 \_\_\_\_\_.

## Receipts

[illegible]

**Total: \$** \_\_\_\_\_

## Disbursements

[illegible]

**Total: \$** \_\_\_\_\_

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

Last 4 digits of account (if applicable)	Description Bank, other financial accounts, real estate, or personal property	Value
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

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### 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.

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Guardian

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Email

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

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File this Report by mailing it to: *Woodford County Circuit Clerk*

*P.O. Box 284*

*Eureka, IL 61530*

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