

IN THE CIRCUIT COURT, SEVENTH
JUDICIAL CIRCUIT, IN AND FOR
ST. JOHNS COUNTY, FLORIDA

IN RE: THE GUARDIANSHIP OF

Case No.: _____

Division: _____

FINAL REPORT OF EMERGENCY TEMPORARY GUARDIAN

SUMMARY

EMERGENCY TEMPORARY GUARDIAN START AND END DATES	
Date of Letters of Emergency Temporary Guardian: (Start Date)	
Expiration Date of Letters of Emergency Temporary Guardian: (End Date)	

SCHEDULE A- ASSETS	
Line 1: Cash on Hand	\$
Line 2: Investments	\$
Line 3: Stocks/Bonds/Securities	\$
Line 4: Real Property	\$
Line 5: Personal Property	\$
TOTAL ASSET VALUE —————→	\$

SCHEDULE B- LIABILITIES	
Line 6: Current Expenses	\$
Line 7: Credit Cards	\$

Line 8: Loans/Notes	\$
TOTAL LIABILITIES —————→	\$

SCHEDULE C- INCOME	
Line 9: Periodic Income	\$
Line 10: Other Income	\$
TOTAL INCOME —————→	\$

SCHEDULE D- EXPENSES	
Line 11: Periodic Expenses	\$

(Circle one)

SCHEDULE E- PENDING CAUSES OF ACTION	Yes	No
SCHEDULE F- WITNESS TO INVENTORY	Yes	No
SCHEDULE G- CLAIMS AGAINST THE ESTATE	Yes	No
SCHEDULE H- SAFE DEPOSIT BOX	Yes	No
SCHEDULE I- LAST WILL AND TESTIMENT	Yes	No

SUMMARY OF EMERGENCY TEMPORARY GUARDIANSHIP	
Starting Asset Balance	\$
Total Receipts	\$
Total Disbursements	\$
Total Capital Transactions/Adjustments	\$
Balance at Close of Emergency Temporary Guardianship	\$

FINAL REPORT OF EMERGENCY TEMPORARY GUARDIAN
WORKSHEET

SCHEDULE A- ASSETS

Line 1: Cash on Hand (Include all cash on deposit, name/address of institution and account number(s). Attach a separate sheet if necessary.)

Institution Name/Address:	
Account Number:	\$
Institution Name/Address:	
Account Number:	\$
Institution Name/Address:	
Account Number:	\$
Institution Name/Address:	
Account Number:	\$
TOTAL OF ALL CASH ON HAND	
(Transfer total to Schedule A, Line 1 of Summary Page)	\$

Line 2: Investments (Include complete description of all investments, including the name and address of the institution, account or identifying number, and current market value. Attach a separate sheet if necessary.)

Description/Account Number	# of Shares	Current Market Value
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL MARKET VALUE OF INVESTMENTS		
(Transfer total to Schedule A, Line 2 of Summary Page)		\$

Line 3: Stocks/Bonds/Securities (Include complete description of all stocks/bonds/securities, number of shares, identifying number and current market value. Attach separate sheet if necessary.)

Description/Identifying Number	# of Shares	Current Market Value
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL MARKET VALUE OF STOCKS/BONDS/SECURITIES		
(Transfer total to Schedule A, Line 3 of Summary Page)		\$

Line 4: Real Property (Include complete description of all real property, attach current assessment from Property Appraiser's Office.)

Description	Income Producing		Estimated FMV
	Yes	No	
	Yes	No	\$
	Yes	No	\$
	Yes	No	\$
	Yes	No	\$
Estimated FMV for Income Producing Property			\$
Estimated FMV for Non-Income Producing Property			\$
TOTAL FMV FOR ALL REAL PROPERTY			
(Transfer total to Schedule A, Line 4 of Summary Page)			

Line 5: Personal Property (Other than Cash. Include complete description. General household furnishings of nominal value may be shown together. Attach separate sheet if necessary.)

Item	Location	Estimated FMV	Encumbrances	
			Yes	No
		\$	Yes	No
		\$	Yes	No
		\$	Yes	No
		\$	Yes	No
General Household Furnishings:				
		\$	Yes	No
TOTAL FMV FOR ALL PERSONAL PROPERTY				
(Transfer total to Schedule A, Line 5 of Summary Page)				

SCHEDULE B- LIABILITIES

Line 6: Current Expenses (Include a complete description of all outstanding obligations. Attach separate sheet if necessary.)

Institution	Authorized Names & Relationship	Account No.	Account Type	Credit Line	Balance Owed
				\$	\$
				\$	\$
				\$	\$
				\$	\$
TOTAL OF ALL EXPENSES					
(Transfer total to Schedule B, Line 6 of Summary Page)					

Line 7: Credit Cards (Attach separate sheet if necessary.)

Institution	Authorized Names & Relationship	Account No.	Account Type	Credit Line	Balance Owed
				\$	\$
				\$	\$
				\$	\$
				\$	\$
TOTAL BALANCE OWING ON ALL CREDIT CARDS					
(Transfer total to Schedule B, Line 7 of Summary Page)					

Line 8: Loans/Notes (Include all outstanding loans/notes, name and address of payee, account number and dollar amount owing. Attach separate sheet if necessary.)

Loan/Note	Name & Address of Payee	Account No.	Dollar Amount Owed
			\$
			\$
			\$
			\$
TOTAL OF ALL OUTSTANDING LOANS/NOTES (Transfer total to Schedule B, Line 8 of Summary Page)			\$

SCHEDULE C- INCOME

Line 9: Periodic Income (Include complete description of all sources, name of payer, frequency and amount of payments. Attach separate sheet if necessary.)

Source	Name of Payer	Frequency of Payments	Amount of Payments
			\$
			\$
			\$
			\$
TOTAL OF ALL PERIODIC INCOME (Transfer total to Schedule C, Line 9 of Summary Page)			\$

Line 10: Other Income (Include complete description of all sources, name of payer, frequency and amount of payments. Attach separate sheet if necessary.)

Source	Name of Payer	Frequency of Payments	Amount of Payments
			\$
			\$
			\$
			\$
TOTAL OF ALL OTHER INCOME			
(Transfer total to Schedule C, Line 10 of Summary Page)			

SCHEDULE D- EXPENSES

Line 11: Periodic Expenses (Include complete description of expenses, frequency and amount of payment. Attach separate sheet if necessary.)

Name & Address of Payee	Type of Payment	Frequency of Payments	Amount of Payments
			\$
			\$
			\$
			\$
TOTAL OF ALL PERIODIC EXPENSES			
(Transfer total to Schedule D, Line 11 of Summary Page)			

SCHEDULE E- PENDING CAUSES OF ACTION (See schedule E on Summary Page)

Type of Action/State/County/Case No.	Status

SCHEDULE F- WITNESSES (See schedule F on Summary Page)

Name	Address	Occupation

SCHEDULE G- CLAIMS AGAINST ESTATE

A. Secured:

Creditor	Description of Debt	Description of Security	When Occurred	Amount
				\$
				\$
				\$
TOTAL OF SECURED CLAIMS				
(Refer to Schedule G of Summary Page)				

B. Unsecured

Creditor	Description of Debt	Description of Security	When Occurred	Amount
				\$
				\$
				\$
TOTAL OF UNSECURED CLAIMS				
(Refer to Schedule G of Summary Page)				\$

SCHEDULE H- SAFE DEPOSIT BOX

Contents of Safe Deposit Box, as listed on Safe Deposit Box Inventory, are shown in applicable categories under Assets, Schedule A.

Yes No (circle one)

(Refer to **Schedule H.** of Summary Page.)

SCHEDULE I- LAST WILL AND TESTAMENT

Yes No (circle one)

If yes, the location of the Last Will and Testament is:

(Refer to **Schedule I.** of Summary Page.)

COURT ORDERED MONEY OUT (ATTORNEY'S FEES & COSTS; GUARDIAN FEES & COSTS, AND/OR OTHER COURT ORDERED DISBURSEMENTS)		
DATE	DESCRIPTION & ACCOUNT NUMBER	AMOUNT
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL COURT ORDERED MONEY OUT —————→		\$

COMPANION/GUARDIAN ASSISTANT FEES (MONEY OUT)		
DATE	DESCRIPTION & ACCOUNT NUMBER	AMOUNT
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL COMPANION/GUARDIAN ASSISTANT FEES MONEY OUT —————→		\$

MONEY TRANSFERS/SALE OF BELONGINGS			
DATE	AMOUNT	FROM ACCOUNT NO.	TO ACCOUNT NO.
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

NON-CASH GAINS & LOSSES		
VALUABLE ITEM/ INVESTMENT	GAIN	LOSS
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
TOTAL GAINS/ TOTAL LOSSES →	\$	\$
OVERALL TOTAL GAIN OR LOSS AMOUNT →	\$	

ENDING VALUE OF ASSETS

NON-CASH BELONGINGS	VALUE
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL VALUE OF NON-CASH BELONGINGS —————→	\$

CASH & INVESTMENT ACCOUNTS	BALANCE
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL VALUE OF CASH & INVESTMENT ACCOUNTS —————→	\$

TOTAL ENDING VALUE OF ASSETS (Must agree w/Summary Page) —————→	\$
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TRUST INFORMATION		
Does the ward have one or more Trusts?	Yes	No
Was the Trust created after the Guardianship Inception Date?	Yes	No
If the answer to above is “No”, we request that you voluntarily provide the trust information.		
Name of the Trust		
Name of the Trustee		
Trustee Account No.		
Date Trust created		
Type of Trust		
Ward’s percentage interest in the Trust		
Amount of the Trust	\$	

BOND CALCULATION		
Bond calculation consists of liquid assets: all cash, personal property or intangible assets. Only real property is not considered liquid.		
Cash assets in RESTRICTED depository		\$
Other liquid assets- intangible assets RESTRICTED		\$
Cash assets NOT in a restricted depository	\$	
Other liquid assets- personal property assets	\$	
Other liquid assets- intangible assets	\$	
Total for BOND REQUIREMENT		\$

BOND REQUIREMENT			
Guardianship bond amount should be the amount of all liquid assets less those in a restricted depository or frozen account.			
BOND AMOUNT			\$
Bond Period	From:		To:
Name of Bonding Company			

**PLEASE ATTACH
BANK
STATEMENTS
THAT SUPPORT
THE ENDING
BALANCE OF THE
ACCOUNTING
PERIOD FOR EACH
ACCOUNT**

An audit fee of \$85.00, as required by FL. Stat. §744.365(6), must be included at the time the Initial Guardianship Plan and Inventory are filed if the ward's property exceeds \$25,000.00.

The undersigned Guardian (or Co-Guardians) certifies that the Guardian(s) has obtained a receipt or cancelled check for all expenditures and disbursements made on behalf of the ward, which the Guardian will preserve along with other substantiating papers for a three (3) year period after discharge of the Guardian, and will upon request be made available for inspection as the Court may order. (per FL. Stat. §744.3678(3).)

Under penalties of perjury, I declare that I have read and examined the foregoing accounting and that, to the best of my knowledge and belief, it constitutes a full and correct account of all the Ward's property of which the Guardian has control, and is a complete report of all cash and property through _____, and includes an account statement for each account on deposit or invested at a financial institution as of the close of the accounting period.

ATTORNEY INFORMATION	
Attorney for Guardian	
Florida Bar No.	
Address	
Telephone/email address	

Attorney Signature: _____

GUARDIAN(S) INFORMATION	
Guardian name	
Email Address	
Guardian name	
Email address	

Guardian Signature: _____

Guardian Signature: _____

PREPARER(S)	
Preparer(s) name	
Preparer address	
Email address	

Preparer Signature: _____