

RECAPITULATION

Total Receipts.....	\$
Total Disbursements.....	\$
Balance Remaining.....	\$

ITEMIZED STATEMENT OF ALL FUNDS, ASSETS AND INVESTMENTS

Item _____ \$

Attorney

Attorney Registration Number

Guardian

Typed or Printed Name

Address of Guardian

BANK CERTIFICATE

N. B. Must be executed when funds are on deposit.

I HEREBY CERTIFY that the within named fiduciary, on the date named below, had on deposit in The _____
_____, Ohio, the sum of \$ _____
on _____ to the credit of the estate of _____.
Nature of Deposit

Date

Bank
By:
