

SURROGATE'S COURT OF THE STATE OF NEW YORK  
COUNTY OF \_\_\_\_\_

\_\_\_\_\_ X  
Annual Account of \_\_\_\_\_

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

an Infant.

\_\_\_\_\_ X

File No. \_\_\_\_\_

Annual Account of Bonded Guardian for  
the Period Ending

\_\_\_\_\_

TO THE SURROGATE'S COURT, COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, whose permanent address is  
(Name of Guardian)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City/Town/Village)

\_\_\_\_\_  
(County)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Telephone Number)

Mailing address is: \_\_\_\_\_  
(If different from permanent address)

appointed Guardian of the property of the above named infant by this Court on \_\_\_\_\_,  
respectfully submit the following account and  
declare the same to be a full and true statement of my account of the property of said infant covering the  
period:

From: \_\_\_\_\_ To: \_\_\_\_\_

and state that I heretofore accounted for all the property of the above infant, to the dates covered by this  
account.

Name of Infant: \_\_\_\_\_

Present Address: \_\_\_\_\_

\_\_\_\_\_

### INSTRUCTIONS TO GUARDIAN

**File original account with the Surrogate's Court and retain a copy for your records to assist you  
in preparing your next account.**

**Do not send deposit books to this office. Furnish letter or certificate of deposit from bank or  
depository.**

SCHEDULE A

ASSETS ON HAND AT BEGINNING OF PERIOD COVERED

List all assets in the infant's estate at beginning of period covered by this account which will be assets on hand at close of the last accounting, unless this is a **first account**, in which case state first account in this schedule and enter receipts in Schedule B.

At the opening date of this accounting period, namely \_\_\_\_\_, the infant's estate consisted of: (State value of all items listed)

(1) Cash deposited in the banks named below and evidenced by bank books of which the numbers are given below. (State whether savings, special interest or checking accounts.)

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(2) Securities which are listed and identified below by (a) par value, (b) name, (c) certificate number, (d) interest rate, (e) interest dates, (f) due date, (g) inventory value.

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(3) Other Personal Property listed below with full description and value. (Include here books, pictures, jewelry, furniture, etc.)

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SCHEDULE C

LIST ALL RECEIPTS OF INCOME

Show source, including interest on specified bank accounts, rents on realty, and dividends received on investments, during the period covered by this account, as well as date of payment.)

Interest credited to bank accounts: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dividends received: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Rents on realty: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TOTAL: \$** \_\_\_\_\_

SCHEDULE D

LIST ALL LOSSES INCURRED

Show all realized decreases on principal assets whether due to sale or liquidation, indicating the asset sold or liquidated, and the date of same.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TOTAL: \$** \_\_\_\_\_



(3) Other personal property listed below, with full description and value. (Include books, pictures, jewelry, furniture, etc.)

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(4) Interests, described below, in personal property not in my possession. (Include interests in trust funds, insurance funds or uncollected legacies or distributive shares due from other estates.)

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(5) Interests, described below, in real property.

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TOTAL: \$ \_\_\_\_\_

SCHEDULE G

THIS IS AN INFORMATION SCHEDULE AND THE FIGURES THEREIN ARE NOT TO BE INCLUDED IN THE SUMMARY STATEMENT

Changes were made in said infant's estate during this accounting period as shown below.

- (1) I invested cash in securities and state below (a) date of purchase, (b) name of security, (c) certificate number, (d) par value, (e) cost price, (f) commission paid, (g) accrued interest, (h) from whom purchased, (i) interest rate, (j) interest dates.

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- (2) I sold securities for cash and state below (a) date of sale, (b) name of security, (c) certificate number, (d) inventory value, (e) amount received, (f) accrued interest, (g) to whom sold, (h) commission paid, (i) profit or loss on sale.

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- (3) Securities were redeemed as stated below by (a) date, (b) name of security, (c) certificate number, (d) inventory value, (e) amount received, (f) accrued interest, (g) gain or loss.

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(4) I exchanged securities for other securities and state below (a) name of original security, (b) certificate number, (c) cash paid in exchange, (d) name of new security, (e) certificate number, (f) cash received in exchange, (g) reason for exchange, (h) with whom exchange made.

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(5) Other changes not due to investment, sale, redemption or exchange of securities are stated below, with the reasons therefor.

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SCHEDULE H

SUMMARY OF RECEIPTS AND DISBURSEMENTS AS SHOWN BY ABOVE SCHEDULES

I charge myself with total balance as shown by last account on Schedule A

\$ \_\_\_\_\_

I charge myself with total additional principal received as shown on Schedule B

\$ \_\_\_\_\_

I charge myself with total income received as shown on Schedule C

\$ \_\_\_\_\_

TOTAL:

\$ \_\_\_\_\_

I credit myself with total losses as shown on Schedule D

\$ \_\_\_\_\_

I credit myself with total monies paid out as shown on Schedule E

\$ \_\_\_\_\_

TOTAL:

\$ \_\_\_\_\_

Principal balance on hand (This balance should be the same as total on Schedule F)

\$ \_\_\_\_\_

SCHEDULE I

SET FORTH THE NAME (S) AND PRESENT ADDRESS (ES) OF THE BANK (S) OR DEPOSITORY (IES) AND THE SURETY (IES) ON THE BOND AND WHETHER THE SECURITY OF THE BOND (S) HAS BECOME IMPAIRED.

1. \_\_\_\_\_  
(Name of Bank or Depository) (Address of Bank or Depository)

2. \_\_\_\_\_  
(Name of Bank or Depository) (Address of Bank or Depository)

3. \_\_\_\_\_  
(Name of Surety) (Address of Surety)

Impaired [ ] Yes [ ] No

4. \_\_\_\_\_  
(Name of Surety) (Address of Surety)

Impaired [ ] Yes [ ] No

State of \_\_\_\_\_

County of \_\_\_\_\_

I \_\_\_\_\_ being duly sworn do say: I am the Guardian of the property of the within infant; that the foregoing Account is to the best of my knowledge and belief a true statement.

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

Sworn to before me this \_\_\_\_\_  
\_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Print Name

Notary Public  
Commission Expires: \_\_\_\_\_  
(Affix Notary Stamp or Seal)

Signature of Attorney: \_\_\_\_\_

Print Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Address of Attorney: \_\_\_\_\_

