STATE OF ILLINOIS IN THE CIRCUIT COURT OF THE 17TH JUDICIAL CIRCUIT COUNTY OF BOONE, IN PROBATE

ACCOUNTING REPORT	
The undersigned of the estate respectfully submit(s) to the Court the r	eport
(Name of Guardian or Guardians)	Port
egarding the administration of the estate during the period from, 20 to,	20 :
Account Balances as of the last Annual Report or beginning Balance:	
Annual Income (List General Category)	
FICA/SSI	
Pension	
Interest	
Dividends	
Other	
Total:	
Annual Expenses	
Rent/Residential Placement Expense	
Food & Household Expense	
Transportation	
Madical	
Medical	
Other	
	
Total:	
Current/Closing Account Balance	
The foregoing is a full and complete account of the dealings and transactions, and of all monies and effects received and disbursed in the administration of this estate during the above period. I represent to the Court that, if any guardianship funds were paid to me (whether in the nature of reimbursement, expenses, etc.), those expenses est forth herein on a separate sheet of paper listing each and every such payment received and the putcherefor. Dated:	y of the nditure
Guardian(s)	
Address	
Phone	
This report may be filed prior to assigned court date in the Circuit Clerk's Office, Boone County Courthouse, 601 North Main Street, Bollinois 61008. NOTE: If the written report is timely filed, your appearance on the assigned court date is excused. COURT USE ONLY BELOW THIS LINE	elvidere,
Approved; status date of stricken;	
New report date at , which may be filed in lieu of ap	nearanc
Clerk to mail notice of new report date to Guardian(s) and all parties and attorneys of record.	romane
Clerk to main notice of new report date to Guardian(s) and an parties and automore of record.	
Pated:	

JUDGE