



**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:

\_\_\_\_\_