DAVIDSON COUNTY PROBATE COURT

IN RE: _____ Docket No:_____

FINAL GUARDIANSHIP ACCOUNTING INSTRUCTION SHEET & CHECKLIST

[ALL FORMS AVAILABLE at: *http://circuitclerk.nashville.gov/probate/probateforms.asp*]

Unless waived by Court Order, Final Accountings should be submitted **within 60 days after the date the Guardianship terminates**, in accordance with T.C.A. §34-2-106. The items required for a complete Accounting are listed below. **INCOMPLETE ACCOUNTINGS WILL NOT BE ACCEPTED IN THE CLERK'S OFFICE.**

If you have any questions, please call the Clerk's Office at (615) 862-5980.

☐ **Detailed Annual Accounting-Guardianship** form must be completed and included *[per T.C.A. §34-1-111(c)(1)]*:

- Signed.
- Acknowledged.
- Verify that Totals provided are correct.

☐ A **List of Financial Accounts** and **Financial Information Form(s)** must be completed.

☐ **Detailed Accounting Register** must be included *[per T.C.A. §34-1-111(c)(1)]*:

- Various software programs are acceptable (if the Clerk's Office form is not used).
- The **Detailed Accounting Register** must contain:
  - Date
  - Payee
  - Check or Debit
  - Amounts and Balances
- Separate **Registers** should be used for each account.

☐ **Financial Statements** must be included as follows *[per T.C.A. §34-1-111(c)(1)(A)]*:

- All financial accounts must be provided, i.e. checking, savings, Certificates of Deposit, annuities, stock accounts, mutual funds, brokerage accounts, etc. (Copies are acceptable)
- Statements provided must pertain to the accounting period for which they are filed.
- Images of cancelled checks or the actual cancelled checks ARE REQUIRED.
- If the total funds have been invested for the entire accounting period, only the most recent Financial Statement must be provided.

☐ **Receipt for Guardianship Funds** form must be completed and included.

☐ Copy of the minor's **Birth Certificate** must be included.

☐ **Certificate of Service** must be completed and included *[per Davidson County Local Rule 6.02]*:

- The **Certificate of Service** certifies that copies of the *Accounting* and supporting documents have been mailed to all interested parties.

☐ **Corporate Surety Statement** must be included if Bond has not been waived *[per T.C.A. §34-1-111(c)(1)(D)]*:

- This will state that the Bond set is still in effect.

☐ All **Court Costs** must be paid.

☐ **Other:** _____

In the Circuit Court for Davidson County, Tennessee
(Probate Division)

_____ **Docket No:** _____
Respondent

DETAILED FINAL ACCOUNTING – GUARDIANSHIP

COMES NOW the Fiduciary in this matter and respectfully submits the attached Final Accounting to the Court for the period of _____, 20_____ to _____, 20_____.

The **combined** totals of **all accounts** required for this Accounting are as follows:

Beginning Balance for **all** accounts **combined**..... $_____

Total Receipts (**+**) for **all** accounts **combined**..... $_____

Total Disbursements (**-**) for **all** accounts **combined** ..... $_____

Ending Balance for **all** accounts **combined**..... $ 0.00

Bond Required: ☐ No ☐ Yes
Surety Company:_____ Bond Amount: $_____

I, _____, Fiduciary, swear or affirm that this settlement of the accounts exhibits a full, true, and just statement of each and every asset which should be charged, and the credits to which are entitled, to the best of my knowledge and belief.

_____
Fiduciary

Sworn to and subscribed before me, this _____ day of _____, 20_____.

_____ _____
Commission Expiration Date **Notary Public / Deputy Clerk**

After review of the attached Report of the Clerk, the foregoing Accounting is hereby adopted and approved for recording by this Court, this _____ day of _____, 20_____.

_____
Judge / Probate Master

CERTIFICATE OF SERVICE

[YOU MUST MAIL A COPY OF THIS ENTIRE DOCUMENT TO ALL INTERESTED PARTIES AND COMPLETE THIS CERTIFICATE VERIFYING THE DATE MAILED.]

I hereby certify that a true and exact copy of the foregoing *Accounting* and supporting documents has been served by U.S. Mail, postage prepaid, upon the interested parties listed below.

_____
(SIGNATURE)

DATE:_____

NAME: _____
ADDRESS: _____
_____

NAME: _____
ADDRESS: _____
_____

NAME: _____
ADDRESS: _____
_____

NAME: _____
ADDRESS: _____
_____

NAME: _____
ADDRESS: _____
_____

NAME: _____
ADDRESS: _____
_____

NAME: _____
ADDRESS: _____
_____

NAME: _____
ADDRESS: _____
_____

[ADD ADDITIONAL PAGE(S) FOR LISTING OF INTERESTED PARTIES, IF NECESSARY]

LIST OF FINANCIAL ACCOUNTS

A **separate *Financial Information Form* must** be completed for **EACH** financial account.

	FINANCIAL INSTITUTION	TYPE OF ACCOUNT	ACCOUNT NUMBER **(LAST 4 DIGITS ONLY)**
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			

[ADDITIONAL PAGE(S) MAY BE ATTACHED, IF NECESSARY]

FINANCIAL LISTING #_____

FINANCIAL INFORMATION FORM

This form should be attached to **ALL** the depository accounts you are in control of as Personal Representative or Fiduciary such as checking, savings, money market, Certificate of Deposit, brokerage, stock, investment, IRA, Annuity, etc., and any other account(s) you report to the Court annually. A separate form **MUST** be included for **EACH** account.

For example, if the asset is a Certificate of Deposit which is maturing and you have purchased (or renewed) another C.D., you should list the status of the maturing C.D. as *"closed"* and the status of the new C.D. as *"active"* – providing the new maturity date, financial institution, and amount.

ASSET ***(Money Market, Certificate of Deposit, checking account, savings account, etc.)***:

_____

ACCOUNT NO (last 4 digits **only**):_____

FINANCIAL INSTITUTION:

_____

Beginning Balance……	$_____
Total Receipts **(+)**…….	$_____
Total Disbursements **(-)**…..……...	$_____
Ending Balance **as of** _____..	$ 0.00
Maturity Date (if applicable)……..…	_____

ACCOUNT STATUS: ☐ Active
☐ Closed / Date Closed: _____

Is the Asset covered by your *Surety Bond* or by a *Freeze/Restricted Account Agreement*? A copy of the *Agreement* **MUST** be attached if it is a *Freeze/Restricted Account*.

Be sure that **ALL** account statements and imaged copies of the front and back of **ALL** cancelled checks (*if any*) are attached to this Summary, as well as the *Accounting Register*. **EACH** depository account should be itemized on separate *Accounting Register(s)*.

PROBATE ACCOUNTING REGISTER

Financial Account #_____

STARTING BALANCE

DATE	TRANSACTION DESCRIPTION	ADDITIONS (RECEIPTS)	CHECK NUMBER	SUBTRACTIONS (DISBURSEMENTS)	✓	BALANCE

In the Circuit Court of Davidson County, Tennessee
(Probate Division)

IN THE MATTER OF:

_____ **DOCKET NO:** _____
Respondent

Receipt for Guardianship Funds

As evidenced by my signature below, I hereby acknowledge receipt of the guardianship funds outlined in the *Final Settlement* filed with the Court in the above referenced matter.

This _____ day of _____, 20_____.

SIGNATURE: _____

ADDRESS: _____

_____

_____

Sworn to and subscribed before me, this _____ day of _____, 20_____,

_____
NOTARY PUBLIC / DEPUTY CLERK

My Commission Expires: _____

In the Circuit Court of Davidson County, Tennessee
(Probate Division)

CORPORATE SURETY STATEMENT
(GUARDIANSHIP)

IN THE MATTER OF:

_____ **DOCKET NO:**_____
Respondent

We, _____, acting as Corporate Surety in the above referenced matter, pursuant to Tennessee Code Annotated, §34-1-111(c), hereby submit the following statement to the Court:

We are Surety on the Bond set by the Court in the above referenced matter and by the execution of this Statement to the Court, hereby acknowledge that we are Surety in this matter and that the Bond amount is $_____.

We further state that said Bond is in force for the next annual period and will remain in effect until the Surety is discharged by further orders of the Court.

The Bond's current expiration date is _____.

This _____ day of _____, 20_____.

SIGNATURE OF SURETY: _____

NAME OF CORPORATE SURETY: _____

ADDRESS: _____

_____

_____

_____

RESET PACKET PRINT PACKET