IN THE CIRCUIT COURT OF MASON COUNTY, WEST VIRGINIA

IN RE:	Case No.: - G26-	
AN ALLEGED PROTECTED PERSON	DATE FILED:	
•	TING OF CONSERVATOR nia Code §§ 44A-3-9 and 11]	
INSTRUCTIONS FOR	R COMPLETION OF ACCOUNTING	

- A. This form is a required submission under West Virginia Code: § 44A-3-9. Pursuant to the provisions of West Virginia Code: § 44A-3-11, the first accounting form must be completed and filed within six months of your appointment as a conservator, and thereafter by December 31 of each following calendar year. You are also required to file an accounting if you resign or are removed from your appointment as a conservator. If the appointment of a conservator is terminated, you are required to file an accounting unless all persons entitled to any proceeds of the estate consent otherwise. The Court may order the filing of additional accountings. This accounting, and any subsequent accountings, must be filed with the Circuit Court Clerk on or before the due date above, and also with the fiduciary commissioner or other person to whom the Court may have referred this matter. Failure to file an accounting as required by law or by the Court is a misdemeanor criminal offense and can result in a fine of \$100 to \$500 per infraction.
- B. If a fiduciary commissioner or other person has been referred this matter by the Court, you must provide a copy of this accounting to him/her. The fiduciary commissioner or other person is responsible for reviewing the accounting, may request additional information from you, and is required by law to notify the Court or mental hygiene commissioner if any questions or discrepancies appear in an accounting or if an accounting is not filed when due. The Court or mental hygiene commissioner is also required to serve a copy of the accounting on the protected person and all individuals and entities given notice of the petition for appointment of a conservator, as well as any other persons or entities found to be interested in the affairs of the protected person. All of these individuals and entities have standing to file exceptions to or falsify the accounting before the fiduciary commissioner.
- C. All information provided in this accounting must be printed or typed and be clearly readable.
- D. All information requested MUST be provided, if know. If unknown, you must state it is unknown.
- E. Please be sure you read and answer all questions carefully and in as much detail as possible.
- F. Answers to some questions may require more space than provided. If so, attach additional pages as needed and label each response on such page(s) with the number of the applicable question.

Name of Protected Person:	Court Case No	ımber:	-G26-
Name of Conservator.	Date of Appoir	ntment:	
This accounting is your. [check any appli	icable category]		
first accounting periodic annual	accounting final accounting other	r accounting ordered	by Court
	covering a time period from		
Date of last accounting: [if applicable]	covering	to	
during the reporting period. Include any I	eceipts of income, cash, checks, interest, di property received and the fair market value describes the property and value of such property	thereof unless you h	
DESCRIPTION	ON AND SOURCE OF RECEIPT		AMOUNT OR VALUE
			
			<u> </u>
	7/0		
SUBTOTAL RECEIPTS (THIS PAGE)			
SUBTOTAL RECEIPTS (ATTACHED F	PAGES)		
TOTAL DECERDTS Total of all receipts	in this part including any amounts or value	c on attached names	

PART 2: DISBURSEMENTS or DISTRIBUTIONS. List any and all disbursements or distributions of cash, checks or other money or property during the reporting period. If property was given, disbursed, or distributed in addition to indicating the payee and purpose, also indicate the specific item of property given in column 1 and the fair market value of the property in column 2.

PAYEE AND PURPOSE OF DISBURSEMENT OR DISTRIBUTION	AMOUNT OR VALUE
CURTOTAL OF ALL DICHURCHARDES AND OR DICHWING TO CONTROL OF A CONTROL	
SUBTOTAL OF ALL DISBURSEMENTS AND/OR DISTRIBUTIONS (THIS PAGE) SUBTOTAL OF ALL DISBURSEMENTS AND/OR DISTRIBUTIONS (ATTACHED PAGES)	
TOTAL OF ALL DISBURSEMENTS AND/OR DISTRIBUTIONS in this part, including any amounts or values on attached pages.	

	DESCRIPTION OF ASSET	AMOUN OR VALUE
·		
,		
· · ·		
	· · · · · · · · · · · · · · · · · · ·	
, , , , , , , , , , , , , , , , , , ,		
BTOTAL ASSETS (T	HIS PAGE)	

PART 4: LIABILITIES OF THE ESTATE. List all known liabilities of the Estate of the Protected Person as on the closing date of this accounting.		
	DESCRIPTION OF LIABILITY	AMOUNT OR VALUE
	_	
,		
STIRTOTAL 1	LABILITIES (THIS PAGE)	
	LABILITIES (ATTACHED PAGES)	
	ILITIES. Total of all liabilities in this part, including any amounts or values on attack	ned

accounting:	ervices being provided to the Protected Person during the time period covered by the
<u> </u>	
<u></u>	
·	
Describe the s	ignificant actions taken by the conservator during the time period covered by this
	ignificant actions taken by the conscivator during the time period covered by this
accounting:	
	<u> </u>
What is your r	ecommendation as to the need for continued conservatorship? Explain your respon
-	
Do you recom	mend any changes in the scope of the conservatorship? If so, detail the changes
1000	
1000	mend any changes in the scope of the conservatorship? If so, detail the changes and explain the reasons for recommending such changes.
3000	
3000	
1000	
1000	
1000	

PART 5: OTHER INFORMATION. Answer each of the following questions in as much detail as possible.

3.	form:				
6.	In the space below, provide any further information, which, in your opinion, the Court may find useful in reviewing the case of the Protected Person:				
_					
7.	Are you requesting compensation for your services as conservator? YES NO If you responded with "YES," what is the amount of your request?				
8.	If you responded with "YES," what is the amount of your request? What are the reasonable and necessary expenses you have incurred as conservator \$				
.	[If you listed an amount in this question, attach an itemized listing of your reasonable and necessary expenses.]				
STATE	OF				
	Y OF, to wit:				
	I,, the conservator named in this accounting, do hereby certify tha				
	mation provided in this ACCOUNTING OF CONSERVATOR is true, correct and complete to the best of my				
	ge, information and belief.				
	Given under my hand this day of [month], [year].				
	: 				
	CONSERVATOR'S SIGNATURE				
,	The foregoing was taken, subscribed and sworn to before me by the said				
	id county and state on this, the day of [month], [year].				
	Given under my hand and NOTARIAL SEAL.				
	NOTARIAL SEAL]				
	NOTARY PUBLIC				
Mu Co-	mission Ewnipes				
IVIY COII	umission Expires:				