

**IN THE COUNTY COURT OF KANAWHA COUNTY, WEST VIRGINIA**  
**FINAL ACCOUNTING OF GUARDIAN**

WARD:  
PERIOD COVERED:

SOCIAL SECURITY #:

**ASSETS PER LAST ACCOUNTING:**

Please call this office for the amount(s) if you do not have a copy of the last accounting filed.

**TOTAL ASSETS: \$**

**RECEIPTS:**

Itemize interest or any other income received in your capacity as Guardian with the date and amount

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

**DISBURSEMENTS:**

Itemize money authorized for expenditures with the date, amount and location the money was paid. Attach copies of receipts, canceled checks or other documentation.

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

**ASSETS TO BE TURNED OVER TO WARD:**

Itemize with a description of the asset(s), balance of the account(s) and attach proof.

**BALANCE: \$** \_\_\_\_\_

**VERIFICATION OF REPORT**

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

County of \_\_\_\_\_, To-wit:

I, \_\_\_\_\_, Guardian for \_\_\_\_\_, Ward, do swear that the attached listing is true, correct and complete report of all receipts and disbursements made and that the assets being held, if any, are all that belong to the Ward.

\_\_\_\_\_  
Guardian

Taken, subscribed and sworn to before me, the undersigned authority, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

# RELEASE

The undersigned hereby acknowledges receipt from my Guardian, of all money and other assets belonging to me and chargeable to my said Guardian and to the surety on his/her bond from all further liability with reference to said Guardianship.

I further certify that I became eighteen (18) years of age on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_

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

County of \_\_\_\_\_, To-wit:

I, \_\_\_\_\_, a Notary Public in and for the County and State

aforesaid do hereby certify that \_\_\_\_\_, whose name is signed to the foregoing writing dated the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, has this day acknowledged the same before me in said county.

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires \_\_\_\_\_.

\_\_\_\_\_  
Notary Public