

(Copy Receipt)

(Clerk's Date Stamp)



In the Trust of:

CASE NO. _____

**TRUSTEE'S ACCOUNTING AND
PROPOSED BUDGET**

If you need more room to answer any item, please attach an additional page.

1. Date of Appointment and Reporting Period: The Trustee was appointed on _____.
 This report covers the period from _____ through _____. The closing date
 for all reports is _____, and the Trustee is required to file reports within 90 days of
 that date. The Trustee is to file a report annually.

2. Contact Information:

	Beneficiary	Guardian (if applicable)	Trustee
Full Name	_____	_____	_____
Mailing Address	_____	_____	_____
City, State & Zip	_____	_____	_____
Telephone Number	_____	_____	_____
Fax Number	_____	_____	_____
Email Address	_____	_____	_____

3. Contact Information for Trust Advisory Committee (if applicable):

	Committee Member	Committee Member	Committee Member
Full Name	_____	_____	_____
Mailing Address	_____	_____	_____
City, State & Zip	_____	_____	_____
Telephone Number	_____	_____	_____
Fax Number	_____	_____	_____
Email Address	_____	_____	_____

4. Are Trust Advisory Committee members related to the beneficiary? Yes No

Specify: _____

5. Relationship, if any, of trustee to beneficiary: _____

6. Is trustee a residual beneficiary of trust? Yes No

7. Is there a bond? Yes No Amount \$ _____

8. Which trust fund accounts, if any, are blocked? _____

a. Trustee's Bond: The Court now requires a bond in the amount of:	\$ _____
b. Total balance in blocked accounts at end of review period:	\$ _____
c. Total balance unblocked at end of review period:	\$ _____
d. The bond should: <input type="checkbox"/> remain the same; OR <input type="checkbox"/> be changed to	\$ _____

9. Have trust reports been prepared annually? Yes No

10. Benefits Received. The Beneficiary receives the following:

SSDI/SSA; SSI; Medicaid; Medicare; Copes; TANF; HUD; Food Stamps; GAU; Public Assistance; VA; CSA; Other--Specify: _____

11. Inventory: An inventory of all trust property is, or is not on file herein. An updated inventory is contained in this Report.

12. Proposed Budget: The Trustee seeks authority to make expenditures for the Incapacitated Person or beneficiary according to the proposed attached budget.

13. Fees: If Trustee and/or attorney fees are requested, attach or submit a separate, itemized fee declaration which describes the specific services rendered, the time required, the rate of compensation, and the out-of-pocket costs incurred.

Trustee \$ _____ Attorney \$ _____ Accountant \$ _____

14. Court Approval: The trustee petitions the Court for approval of this Accounting and Proposed Budget.

**ACCOUNTING SUMMARY FORM FOR
TRUSTEES**

15. Estate Information

For Accounting Period starting _____ and ending _____.

A. Total Assets at Market Value as of the beginning of review period \$ _____.

SET FORTH TOTAL FIGURES FOR ENTIRE ACCOUNTING PERIOD. DO NOT USE MONTHLY FIGURES.

Income Received from All Sources (do not include new assets purchased)	CURRENT MONTHLY BENEFIT	TOTAL RECEIVED
Wages & Benefits		
Wages	\$	
Social Security	\$	
Retirement Benefit	\$	
Disability	\$	
Health Insurance Benefits	\$	
Other (Specify):	\$	\$

Interest & Dividends		
List account and amount received:		
	\$	
	\$	
	\$	\$

Other Receipts		
List source and amount received:		
	\$	
	\$	
	\$	\$

B. Total Income: \$ _____

Disbursements and Outgoing Payments	TOTAL
Personal Living Expenses	\$
Housing/Facility/Rent	\$
Companion/Attendant Care	\$
Food and Groceries	\$
Incidentals/Clothing	\$
Utilities	\$
Phone/Cable	\$
Insurance	\$

Personal Allowance	\$
Auto and Transportation	\$
Other (Specify):	\$

Healthcare Expenses	
Medical/Dental	\$
Pharmaceutical	\$
Medical Transportation	\$
Health Insurance	\$
Outside Case Management Fees	\$
Other (Specify):	\$

Trustee Fees	
Trustee Fees	\$

Professional Fees Paid to Others	
Guardian ad Litem Fees	\$
Attorney Fees: for Trustee	\$
Attorney Fees: for	\$
Asset Management Fees	\$
Bond Premium	\$
Medical Claims Assistance	\$
Accountant/Tax Preparation Fees	\$
Other (Specify):	\$

Real Property Expenses: Residence	
Maintenance & Repair	\$
Homeowners/Co-op Dues	\$
Property Taxes	\$
Mortgage	\$
Insurance	\$
Other (Specify):	\$

Investment Property Expenses	\$
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Other Expenses	
Employment Tax	\$
Income Tax Payments	\$
Costs Advanced	\$
Bank/Service Fees	\$
Other (Specify):	\$

C. Total Disbursements \$ _____

Adjustments to Market Value of Estate	
Addition of Assets/(Liabilities) Not Previously Reported (Do not use this section for assets purchased)	
	\$
	\$

Deletion or Reduction in Value (Assets)/Liabilities Listed on previous accounting	
	\$
	\$

Gifts Received/(Made)	Date of Court Order Authorizing	
		\$
		\$
Net Gains/(Losses) from Sales of Assets		
		\$
		\$

Unrealized Gains/(Losses)	
Increase/(decrease) in unrealized gain on securities	\$
Increase/(decrease) in market value of real property	\$
Increase/(decrease) in market value of personal property	\$
Other Adjustments (Specify)	\$

D. Total Adjustments to Market Value of Estate: \$ _____

E. Ending Balance at Market Value, as of _____ \$ _____
(A + B - C +/- D = E)

16. Balance Sheet for the Trust Estate

ASSETS			
Description	Cost Basis at End of Accounting	Market Value on Start of Accounting	Market Value at End of Accounting
Accounting:	Date:	Date:	Date:

Real Property			
	\$	\$	\$
	\$	\$	\$

Receivables (Mortgages, Liens, Notes payable to the Incapacitated Person, the Estate, or Trust)			
	\$	\$	\$
	\$	\$	\$

Blocked Liquid Assets (Investment Accounts, Stocks, Bonds, Securities, IRA, Cash in Court Blocked Accounts)			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

Unblocked Liquid Assets (Investment Accounts, Stocks, Bonds, Securities, IRA, Cash)			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

Personal and Other Property (Household Goods, Vehicles, Burial Plots, Funeral Plans, Life Insurance)			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

TOTAL ASSETS:	\$	\$	\$
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LIABILITIES			
	\$	\$	\$
	\$	\$	\$

TOTAL LIABILITIES:	\$	\$	\$
17. NET TOTAL ESTATE:	\$ at Cost Basis	\$ at Market Value	\$ at Market Value

Supporting Documents: Cancelled checks, (if not available, copies of cancelled checks or copies of check registers), monthly bank statements, brokerage statements, and an itemized list of all transactions **must be included** for each account for the reporting period to support the declarations made in this report. The supporting documents must be submitted to the Court Administrator's Office with **a copy** of this report. **Do not** file the supporting documentation in the court legal file.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that to the best of my knowledge the statements in this Trustee's Report, Accounting, and Proposed Budget and attached Accounting Summary are true and correct and hereby petition the Court for approval.

SIGNED AT _____, WASHINGTON THIS _____ DAY OF _____, 20____.

Signature of Trustee(s)

Printed Name of Trustee(s)

Address

City, State, Zip Code

Telephone/Fax Number

Email Address