MASTER AUDIT CHECKLIST GUARDIANSHIP

(To be completed by attorney)

(All orders provided to the court must show the persons to whom the order is copied; and self addressed stamped envelopes (with no return address) shall be provided for mailing)

NAME: CASE NU		NUMBER:	JMBER:	
1.	PETITION FOR APPOINTMENT with notice to all interested persons	YES	NO	
2.	APPLICATION FOR APPOINTMENT	YES	NO	
3.	OATH, DESIGNATION OF RESIDENT AGENT	,YES	NO	
4.	ORDER APPOINTING GUARDIAN	YES	NO	
	If Yes BOND AMOUNT \$			
5.	LETTERS OF GUARDIANSHIP	YES	NO	
	Date Signed			
6.	VERIFIED INVENTORY (Due 60 days from date Letters of Guardianship signed)	YES	NO	
7.	INITIAL PLAN (Due 60 days from date Letters of Guardianship signed)	YES	NO	
8.	ANNUAL ACCOUNTING (or ANNUAL RETUR	XN) YES	NO	
	If Yes, Report Period,,, (Same day as Annual Plan)*	,	,	
9.	ANNUAL PLAN (Covers *fiscal year - First day of month following mont month Letters of Guardianship were signed. Example: Le reporting period covers April 1, 2007 - March 31, 2008. which is June 29, 2007) If Yes, Report Period,	etters of Guardianship si Deadline for filing 90 d	ip are signed to last day of igned March 2, 2007, ays after March 31, 2007,	

*THE ANNUAL ACCOUNTING MUST COVER THE PRECEDING CALENDAR YEAR OR APPLICABLE PORTION THEREOF AND MUST BE FILED WITHIN 90 DAYS AFTER THE LAST DAY OF THE ANNIVERSARY MONTH THE LETTERS OF GUARDIANSHIP WERE SIGNED.

As Attorney for the Guardian, I CERTIFY this _____ day of _____, 20___, that I have personally reviewed the foregoing checklist and it is accurate.

Attorney for Guardian Attorney's Mailing Address:

Telephone:

CLERK'S NOTES:

Revised 2/2/2012