



CASE NO. \_\_\_\_\_

### RECAPITULATION

Total Receipts ..... \$ \_\_\_\_\_  
 Total Disbursements ..... \$ \_\_\_\_\_  
 Balance Remaining ..... \$ \_\_\_\_\_

### ITEMIZED STATEMENT OF ALL FUNDS, ASSETS AND INVESTMENTS

ITEM	
_____	\$ _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
Attorney

\_\_\_\_\_  
Conservator

\_\_\_\_\_  
Attorney Registration No.

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Address of Conservator

### BANK CERTIFICATE

N.B. Must be executed when funds are on deposit.

I HEREBY CERTIFY that the within named fiduciary, on the date named below, had on deposit in

The \_\_\_\_\_ of \_\_\_\_\_, Ohio, the sum of \$ \_\_\_\_\_

on \_\_\_\_\_ to the credit of the estate of  
Nature of Deposit

\_\_\_\_\_

\_\_\_\_\_  
Bank

\_\_\_\_\_  
Dated

\_\_\_\_\_  
By \_\_\_\_\_  
Cashier