



<input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> GUARDIANSHIP    OF (Name): _____ <div style="text-align: right; margin-top: 10px;"> <input type="checkbox"/> Conservatee    <input type="checkbox"/> Minor             </div>	CASE NUMBER:  
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**Cash Assets on Hand at Beginning of Account Period—Standard and Simplified Accounts**

*(Cash assets are assets that may be appraised by the conservator or guardian and listed on Attachment 1 of the Inventory and Appraisal. See Probate Code sections 2610(c) and 8901 and the instructions on page 2 of the Inventory and Appraisal (form DE-160/GC-040). List all cash assets and group them by the inventory in which they appear and identify the inventory by its filing date and type (e.g., Partial No. 1, Final, Supplemental, Correcting, etc.).)*

**Cash Assets on Hand as of** *(first date of account period):* \_\_\_\_\_

Description of Cash Assets	Value
	\$
<input type="checkbox"/> <b>Total, Cash Assets :</b>	\$ _____

*(Add pages as required to list all cash assets. Check the box at the bottom of the last page of this asset category and total the amount of the category. Carry that sum over to line 1a of the Summary of Account (form GC-400(SUM)/GC-405(SUM)). The page total to the right is the number of pages in the entire schedule for property on hand at beginning of account period, including both the cash assets and non-cash assets on hand.)*

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<input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> GUARDIANSHIP    OF (Name): _____ <div style="text-align: right; margin-top: 10px;"> <input type="checkbox"/> Conservatee    <input type="checkbox"/> Minor             </div>	CASE NUMBER:  
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**Non-Cash Assets on Hand at Beginning of Account Period—Standard and Simplified Accounts**

*(Non-cash assets are assets that must be appraised by a probate referee and listed on Attachment 2 of the Inventory and Appraisal. See Probate Code sections 2610(c) and 8902 and instructions on page 2 of the Inventory and Appraisal (form DE-160/GC-040). List all non-cash assets, group them by the inventory in which their latest appraised values appear, or if none, as after-acquired assets in order of their purchase dates, and identify the inventory by its filing date and type (e.g., Partial No. 1, Final, Supplemental, Correcting, etc.).)*

**Non-Cash Assets on Hand as of** *(first date of account period):*

Description of Non-Cash Assets	Estimated Market Value *	Carry Value †
	\$	\$
<input type="checkbox"/> <b>Totals, Non-Cash Assets:</b>	\$ _____	\$ _____

\* **Not required for the first account.** † *(The carry value of an asset that is included in an inventory is its appraised value. The carry value of an asset purchased for the estate after appointment of the conservator or guardian is its purchase price.) (Add pages as required to list all non-cash assets. Check the box at the bottom of the last page of this asset category and total the estimated and carry values of the non-cash assets. Carry the sum of the carry values over to line 1b of the Summary of Account (form GC-400(SUM)/GC-405(SUM)). The page total to the right is the number of pages in the entire schedule for property on hand at beginning of account period, including both the cash assets and non-cash assets on hand.)*

<input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> GUARDIANSHIP    OF (Name): _____ <div style="text-align: right; margin-top: 10px;"> <input type="checkbox"/> Conservatee    <input type="checkbox"/> Minor                 </div>	CASE NUMBER:  
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**Schedule** (specify schedule letter): \_\_\_\_\_ **Additional Property Received During Period of Account—  
Standard and Simplified Accounts**

*(This schedule is for property received during the period of account shown on supplemental inventories filed during the period. See Probate Code section 2613 and the definitions of cash and non-cash assets in Cash Assets on Hand at Beginning of Account Period and Non-Cash Assets on Hand at Beginning of Account Period (forms GC-400(PH)(1)/GC-405(PH)(1) and GC-400(PH)(2)/GC-405(PH)(2)). You do not need to list each asset. Instead, you may identify each Supplemental Inventory and Appraisal filed during the period of account and show the total of the cash and non-cash assets shown on each. Include the carry value and estimated fair market value of each non-cash item of this property remaining on hand at the end of the account period in Schedule E, Non-Cash Assets On Hand at End of Account Period.)*

**Additional Property Received During Period of Account**

Description	Value, Cash Assets	Carry Value, Non-Cash Assets *
	\$	\$
<b>Subtotal, Additional Cash and Non-Cash Property Received During Period of Account :</b>	\$ _____	\$ _____
<input type="checkbox"/> <b>Total, Additional Property Received During Period of Account:</b>		_____

\* (The carry value of a non-cash asset that is included in a supplemental inventory is its appraised value.)  
 (Add pages as required. Check the box at the bottom of the last page of this schedule, total the value of all cash and the carry value of all non-cash assets, and total the sum of those values. Carry the sum of the values over to line 2 of the Summary of Account (form GC-400(SUM)/GC-405(SUM)). The page total to the right is the number of pages in this schedule.)

Page (specify schedule letter): \_\_\_\_\_ of \_\_\_\_\_ pages

<input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> GUARDIANSHIP    OF (Name): _____ <div style="text-align: right; margin-top: 10px;"> <input type="checkbox"/> Conservatee    <input type="checkbox"/> Minor             </div>	CASE NUMBER: _____
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**Schedule A, Receipts, Dividends—Standard Account\***

**\*Noncapital items**

*(Note returns of principal with the items listed below, but do not include their dollar amounts in the amounts or the total. Report returns of principal on Schedule A1, Return of Principal (there is no form for that schedule), add their dollar amounts to cash assets on hand, and subtract their dollar amounts from the carry values of the securities involved.)*

**Dividends**

Date of Receipt <i>(mm/dd/yyyy)</i>	Description* <i>*(Report dividends from each security separately.)</i>	Amounts
		\$
<input type="checkbox"/> <b>Subtotal, Dividends:</b>		\$ _____

*(Add pages as required. Check the box at the bottom of the last page of this receipt category and total the amount of the category. Include that sum in the total of receipts on line 3 of the Summary of Account (form GC-400(SUM)/GC-405(SUM)).*

*The page total to the right is the number of pages in Schedule A.)*

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<input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> GUARDIANSHIP    OF (Name): _____ <div style="text-align: right; margin-top: 10px;"> <input type="checkbox"/> Conservatee    <input type="checkbox"/> Minor             </div>	CASE NUMBER: _____
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**Schedule A, Receipts, Interest—Standard Account**

**Interest**

Date of Receipt <i>(mm/dd/yyyy)</i>	Description * <i>*(Report interest from each account or security separately.)</i>	Amounts
		\$ _____
<input type="checkbox"/> <b>Subtotal, Interest:</b>		\$ _____

*(Add pages as required. Check the box at the bottom of the last page of this receipt category and total the amount of the category. Include that sum in the total of receipts on line 3 of the Summary of Account (form GC-400(SUM)/GC-405(SUM)). The page total to the right is the number of pages in Schedule A.)*

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<input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> GUARDIANSHIP    OF (Name): _____ <div style="text-align: right; margin-top: 10px;"> <input type="checkbox"/> Conservatee    <input type="checkbox"/> Minor             </div>	CASE NUMBER: _____
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**Schedule A, Receipts, Pensions, Annuities, and Other Regular Periodic Payments—Standard Account\***

*\* (Report veterans' pensions on form GC-400(A)(5), Schedule A, Receipts, Social Security, Veterans' Benefits, Other Public Benefits.)*

**Pensions, annuities, and other regular periodic payments**

Date of Receipt <i>(mm/dd/yyyy)</i>	Description* <i>* (Report receipts from each source separately.)</i>	Amounts
		\$ _____
<input type="checkbox"/> <b>Subtotal, Pensions, Annuities, Other Regular or Periodic Payments:</b>		\$ _____

*(Add pages as required. Check the box at the bottom of the last page of this receipt category and total the amount of the category. Include that sum in the total of receipts on line 3 of the Summary of Account (form GC-400(SUM)/GC-405(SUM)). The page total to the right is the number of pages in Schedule A.)*

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<input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> GUARDIANSHIP    OF (Name): _____ <div style="text-align: right; margin-top: 10px;"> <input type="checkbox"/> Conservatee    <input type="checkbox"/> Minor             </div>	CASE NUMBER: _____
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**Schedule A, Receipts, Rent—Standard Account**

**Rent**

Date of Receipt <i>(mm/dd/yyyy)</i>	Description * <i>*(Report rents from each property separately.)</i>	Amounts
		\$ _____
<input type="checkbox"/> <b>Subtotal, Rent:</b>		\$ _____

*(Add pages as required. Check the box at the bottom of the last page of this receipt category and total the amount of the category. Include that sum in the total of receipts on line 3 of the Summary of Account (form GC-400(SUM)/GC-405(SUM)). The page total to the right is the number of pages in Schedule A.)*



<input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> GUARDIANSHIP    OF (Name): _____ <div style="text-align: right; margin-top: 10px;"> <input type="checkbox"/> Conservatee    <input type="checkbox"/> Minor             </div>	CASE NUMBER: _____
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**Schedule A, Receipts, Social Security, Veterans' Benefits, Other Public Benefits—Standard Account**

**Social Security, veterans' benefits, and other public benefit payments**

Date of Receipt <i>(mm/dd/yyyy)</i>	Description * <i>*(Report receipts from each source separately.)</i>	Amounts
		\$
<input type="checkbox"/>	<b>Subtotal, Social Security, Veterans' Benefits, Other Public Benefits:</b>	\$ _____

*(Add pages as required. Check the box at the bottom of the last page of this receipt category and total the amount of the category. Include that sum in the total of receipts on line 3 of the Summary of Account (form GC-400(SUM)/GC-405(SUM)).*

*The page total to the right is the number of pages in Schedule A.)*

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<input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> GUARDIANSHIP    OF (Name): _____ <div style="text-align: right; margin-top: 10px;"> <input type="checkbox"/> Conservatee    <input type="checkbox"/> Minor             </div>	CASE NUMBER: _____
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**Schedule A, Receipts, Other Receipts—Standard Account\***

\* (Use this form for all receipts not described in other Schedule A, Receipts forms.)

**Other receipts** (add general description): \_\_\_\_\_

Date of Receipt <i>(mm/dd/yyyy)</i>	Description * <i>*(Report receipts from each source separately.)</i>	Amounts
		\$
<input type="checkbox"/> <b>Subtotal, Other Receipts:</b>		\$ _____

*(Add pages as required. Check the box at the bottom of the last page of this receipt category and total the amount of the category. Include that sum in the total of receipts on line 3 of the Summary of Account (form GC-400(SUM)/GC-405(SUM)). The page total to the right is the number of pages in Schedule A.)*

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Schedules A and C, Receipts and Disbursements Worksheet—Standard Account

Optional Worksheet. Do Not File With Accounting

Form	Receipt Categories	Amount	Form	Disbursement Categories	Amount
GC-400(A)(1)	Dividends	\$ _____	GC-400(C)(1)	Conservatee's caregiver expenses	\$ _____
GC-400(A)(2)	Interest	\$ _____	GC-400(C)(2)	Conservatee's residential or long-term care facility expenses	\$ _____
GC-400(A)(3)	Pensions, annuities, and other regular periodic payments	\$ _____	GC-400(C)(3)	Ward's education expenses	\$ _____
GC-400(A)(4)	Rent	\$ _____	GC-400(C)(4)	Fees of fiduciary and attorney	\$ _____
GC-400(A)(5)	Social Security, veterans' benefits, and other public benefit payments	\$ _____	GC-400(C)(5)	General administration expenses	\$ _____
GC-400(A)(6)	Other Receipts	\$ _____	GC-400(C)(6)	Investment Expenses	\$ _____
			GC-400(C)(7)	Living expenses	\$ _____
			GC-400(C)(8)	Medical expenses of conservatee or ward	\$ _____
			GC-400(C)(9)	Property sale expenses	\$ _____
			GC-400(C)(10)	Rental property expenses	\$ _____
			GC-400(C)(11)	Other expenses	\$ _____
<b>Total, Schedule A:</b>		\$ _____	<b>Total, Schedule C:</b>		\$ _____

(Total Schedules A and C above. Carry the total sum of Schedule A over to line 3 of the Summary of Account (form GC-400(SUM)/GC-405(SUM)). Carry the total sum of Schedule C over to line 8 of the Summary of Account.)

<input type="checkbox"/> CONSERVATORSHIP (Name):	<input type="checkbox"/> GUARDIANSHIP OF  <input type="checkbox"/> Conservatee <input type="checkbox"/> Minor	CASE NUMBER:
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**Schedule B, Gains on Sales—Standard and Simplified Accounts**

**Gains on sales during period of account**

Date <i>(mm/dd/yyyy)</i>	Property Sold	Carry Value *	Sale Price	Gain
		\$	\$	\$
<input type="checkbox"/> <b>Totals, Carry Values, Sale Prices, and Gains:</b>		\$ _____	\$ _____	\$ _____

\* See form GC-400(PH)(2)/GC-405(PH)(2) for information about Carry Value.

*(List all property sold during the account period that resulted in gains (gross sale price higher than carry value). Include each property's Inventory and Appraisal item number and the date the Inventory and Appraisal containing the property was filed. Add pages as required. Check the box at the bottom of the last page of this schedule and total the carry values, sale prices, and the gains. Carry the total of gains over to line 4 of the Summary of Account (form GC-400(SUM)/GC-405(SUM)). The page total to the right is the number of pages in Schedule B.)*

<input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> GUARDIANSHIP    OF (Name): _____ <div style="text-align: right; margin-top: 10px;"> <input type="checkbox"/> Conservatee    <input type="checkbox"/> Minor         </div>	CASE NUMBER:  
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**Schedule** (specify schedule letter): \_\_\_\_\_ **Other Charges—Standard and Simplified Accounts**

**Other charges not shown on another schedule** (describe):

Date <small>(mm/dd/yyyy)</small>	Description	Amounts
		\$
<input type="checkbox"/> <b>Total, Other Charges:</b>		\$ _____

*(Add pages as required. Check the box at the bottom of the last page of this schedule and total the amount. Carry that sum to line 5 of the Summary of Account (form GC-400(SUM)/GC-405(SUM)). The page total to the right is the number of pages in this schedule.)*

Page (specify schedule letter): \_\_\_\_\_ of \_\_\_\_\_ pages

<input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> GUARDIANSHIP    OF (Name): _____ <div style="text-align: right; margin-top: 10px;"> <input type="checkbox"/> Conservatee    <input type="checkbox"/> Minor         </div>	CASE NUMBER: _____
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**Schedule** (specify schedule letter): \_\_\_\_\_, **Net Income From Trade or Business—Standard Account**

**Net income during period of account from** (name of business): \_\_\_\_\_

Date of Receipt (mm/dd/yyyy)	Description	Amounts
		\$ _____
<b>Total, Schedule</b> _____		\$ _____

*(This schedule should include the information about the business disclosed on Schedule C or Schedule F of a business owner's federal income tax return. Add pages as required. Check the box at the bottom of the last page of this schedule and total the net income. Carry that sum over to line 6 of the Summary of Account (form GC-400(SUM)/GC-405(SUM)).*

*The page total to the right is the number of pages in this schedule.)*

Page (specify schedule letter): \_\_\_\_\_ of \_\_\_\_\_ pages

<input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> GUARDIANSHIP    OF (Name): _____ <div style="text-align: right; margin-top: 10px;"> <input type="checkbox"/> Conservatee    <input type="checkbox"/> Minor                 </div>	CASE NUMBER:  
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**Schedule C, Disbursements, Conservatee's Caregiver Expenses—Standard Account**

**Conservatee's caregiver expenses**

Date <i>(mm/dd/yyyy)</i>	Check No.	Caregiver's Name, Agency, and Services Provided	Amounts
			\$
<input type="checkbox"/> <b>Subtotal, Conservatee's Caregiver Expenses:</b>			\$ _____

*(Add pages as required. Check the box at the bottom of the last page of this disbursement category and total the amount of the category. Include that sum in the total of disbursements on line 8 of the Summary of Account (form GC-400(SUM)/GC-405(SUM)). The page total to the right is the number of pages in Schedule C.)*

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<input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> GUARDIANSHIP    OF (Name): _____ <div style="text-align: right; margin-top: 10px;"> <input type="checkbox"/> Conservatee    <input type="checkbox"/> Minor             </div>	CASE NUMBER: _____
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**Schedule C, Disbursements, Conservatee's Residential or Long-Term Care Facility Expenses—  
Standard Account**

**Conservatee's residential or long-term care facility expenses**

Date <i>(mm/dd/yyyy)</i>	Check No.	Payee and Purpose of Payment	Amounts
			\$
<input type="checkbox"/>	<b>Subtotal, Conservatee's Residential or Long-Term Care Facility Expenses:</b>		\$ _____

*(Add pages as required. Check the box at the bottom of the last page of this disbursement category and total the amount of the category. Include that sum in the total of disbursements on line 8 of the Summary of Account (form GC-400(SUM)/GC-405(SUM)). The page total to the right is the number of pages in Schedule C.)*

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<input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> GUARDIANSHIP    OF (Name): _____ <div style="text-align: right; margin-top: 10px;"> <input type="checkbox"/> Conservatee    <input type="checkbox"/> Minor             </div>	CASE NUMBER:
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**Schedule C, Disbursements, Ward's Education Expenses—Standard Account**

**Ward's education expenses**

Date <i>(mm/dd/yyyy)</i>	Check No.	Payee and Purpose of Payment	Amounts
			\$
<input type="checkbox"/> <b>Subtotal, Ward's Education Expenses:</b>			\$ _____

*(Add pages as required. Check the box at the bottom of the last page of this disbursement category and total the amount of the category. Include that sum in the total of disbursements on line 8 of the Summary of Account (form GC-400(SUM)/GC-405(SUM)).*

*The page total to the right is the number of pages in Schedule C.)*

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<input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> GUARDIANSHIP    OF (Name): _____ <div style="text-align: right; margin-top: 10px;"> <input type="checkbox"/> Conservatee    <input type="checkbox"/> Minor             </div>	CASE NUMBER: _____
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**Schedule C, Disbursements, Fiduciary and Attorney Fees—Standard Account**

**Fees of conservator or guardian and his or her attorney paid from estate of conservatee or ward**

Date of Payment (mm/dd/yyyy)	Date of Order Authorizing Payment * (mm/dd/yyyy)	Check No.	Payee	Amounts
				\$
<input type="checkbox"/> <b>Subtotal, Fiduciary and Attorney Fees:</b>				\$ _____

**\* Required. Do not pay fees from the estate to the conservator or guardian, or to his or her attorney, without a court order.**  
 (Add pages as required. Check the box at the bottom of the last page of this disbursement category and total the amount of the category. Include that sum in the total of disbursements on line 8 of the Summary of Account (form GC-400(SUM)/GC-405(SUM)). The page total to the right is the number of pages in Schedule C.)

<input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> GUARDIANSHIP    OF (Name): _____ <div style="text-align: right; margin-top: 10px;"> <input type="checkbox"/> Conservatee    <input type="checkbox"/> Minor             </div>	CASE NUMBER: _____
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**Schedule C, Disbursements, General Administration Expenses—Standard Account**

**General administration expenses paid by the estate other than fees of conservator or guardian, or attorney**

Date (mm/dd/yyyy)	Check No.	Payee and Purpose of Payment	Amounts
			\$
<input type="checkbox"/> <b>Subtotal, General Administration Expenses:</b>			\$ _____

*(Add pages as required. Check the box at the bottom of the last page of this disbursement category and total the amount of the category. Include that sum in the total of disbursements on line 8 of the Summary of Account (form GC-400(SUM)/GC-405(SUM)).*

*The page total to the right is the number of pages in Schedule C.)*

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<input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> GUARDIANSHIP    OF (Name): _____ <div style="text-align: right; margin-top: 10px;"> <input type="checkbox"/> Conservatee    <input type="checkbox"/> Minor                 </div>	CASE NUMBER: _____
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**Schedule C, Disbursements, Investment Expenses—Standard Account**

**Investment Expenses**

Date <i>(mm/dd/yyyy)</i>	Check No.	Payee and Purpose of Payment	Amounts
			\$
<input type="checkbox"/> <b>Subtotal, Investment Expenses:</b>			\$ _____

*(Add pages as required. Check the box at the bottom of the last page of this disbursement category and total the amount of the category. Include that sum in the total of disbursements on line 8 of the Summary of Account (form GC-400(SUM)/GC-405(SUM)).*

*The page total to the right is the number of pages in Schedule C.)*

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<input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> GUARDIANSHIP    OF _____ (Name): _____ <div style="text-align: right; margin-top: 10px;"> <input type="checkbox"/> Conservatee    <input type="checkbox"/> Minor             </div>	CASE NUMBER: _____
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**Schedule C, Disbursements, Living Expenses—Standard Account**

**Living expenses** (Living expenses include personal expenses, noninstitutional housing costs, clothing, and food.)

Date <i>(mm/dd/yyyy)</i>	Check No.	Payee and Purpose of Payment	Amounts
			\$
<input type="checkbox"/> <b>Subtotal, Living Expenses:</b>			\$ _____

*(Add pages as required. Check the box at the bottom of the last page of this disbursement category and total the amount of the category. Include that sum in the total of disbursements on line 8 of the Summary of Account (form GC-400(SUM)/GC-405(SUM)). The page total to the right is the number of pages in Schedule C.)*

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<input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> GUARDIANSHIP    OF (Name): _____ <div style="text-align: right; margin-top: 10px;"> <input type="checkbox"/> Conservatee    <input type="checkbox"/> Minor             </div>	CASE NUMBER: _____
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**Schedule C, Disbursements, Medical Expenses—Standard Account**

**Medical expenses of conservatee or ward** (Net of direct medical insurance payments, but including insurance premiums paid from estate. Show insurance reimbursements of estate payments as a receipt. You may use form GC-400(A)(6) for that purpose.)

Date <i>(mm/dd/yyyy)</i>	Check No.	Payee and Purpose of Payment	Amounts
			\$
<input type="checkbox"/> <b>Subtotal, Medical Expenses:</b>			\$ _____

*(Add pages as required. Check the box at the bottom of the last page of this disbursement category and total the amount of the category. Include that sum in the total of disbursements on line 8 of the Summary of Account (form GC-400(SUM)/GC-405(SUM)). The page total to the right is the number of pages in Schedule C.)*

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<input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> GUARDIANSHIP    OF (Name): _____ <div style="text-align: right; margin-top: 10px;"> <input type="checkbox"/> Conservatee    <input type="checkbox"/> Minor             </div>	CASE NUMBER: _____
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**Schedule C, Disbursements, Property Sale Expenses—Standard Account**

**Property sale expenses** (Show sales expenses for each property sold separately. Include expenses of sale shown in escrow or other transaction closing statements for which there are no checks or other direct records of payment. )

Date <i>(mm/dd/yyyy)</i>	Check No.	Payee and Purpose of Payment	Amounts
			\$
<input type="checkbox"/> <b>Subtotal, Property Sale Expenses:</b>			\$ _____

*(Add pages as required. Check the box at the bottom of the last page of this disbursement category and total the amount of the category. Include that sum in the total of disbursements on line 8 of the Summary of Account (form GC-400(SUM)/GC-405(SUM)).*

*The page total to the right is the number of pages in Schedule C.)*

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<input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> GUARDIANSHIP    OF (Name): _____ <div style="text-align: right; margin-top: 10px;"> <input type="checkbox"/> Conservatee    <input type="checkbox"/> Minor             </div>	CASE NUMBER: _____
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**Schedule C, Disbursements, Rental Property Expenses—Standard Account**

**Rental property expenses** *(Show expenses for each rental property separately.)*

Date <i>(mm/dd/yyyy)</i>	Check No.	Payee and Purpose of Payment	Amounts
			\$
<input type="checkbox"/> <b>Subtotal, Rental Property Expenses:</b>			\$ _____

*(Add pages as required. Check the box at the bottom of the last page of this disbursement category and total the amount of the category. Include that sum in the total of disbursements on line 8 of the Summary of Account (form GC-400(SUM)/GC-405(SUM)). The page total to the right is the number of pages in Schedule C.)*

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<input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> GUARDIANSHIP    OF (Name): _____ <div style="text-align: right; margin-top: 10px;"> <input type="checkbox"/> Conservatee    <input type="checkbox"/> Minor             </div>	CASE NUMBER: _____
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**Schedule C, Disbursements, Other Expenses—Standard Account**

**Other expenses** (add general description):

Date <i>(mm/dd/yyyy)</i>	Check No.	Payee and Purpose of Payment	Amounts
			\$
<input type="checkbox"/> <b>Subtotal, Conservatee's or Ward's Other Expenses:</b>			\$ _____

*(Add pages as required. Check the box at the bottom of the last page of this disbursement category and total the amount of the category. Include that sum in the total of disbursements on line 8 of the Summary of Account (form GC-400(SUM)/GC-405(SUM)). The page total to the right is the number of pages in Schedule C.)*

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<input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> GUARDIANSHIP OF (Name):	CASE NUMBER:
<input type="checkbox"/> Conservatee <input type="checkbox"/> Minor	

**Schedule D, Losses on Sales—Standard and Simplified Accounts**

**Losses on sales during period of account**

Date <i>(mm/dd/yyyy)</i>	Property Sold	Carry Value *	Sale Price	Loss
		\$	\$	\$
<input type="checkbox"/> <b>Totals, Carry Values, Sale Prices, and Losses:</b>		\$ _____	\$ _____	\$ _____

\* See form GC-400(PH)(2)/GC-405(PH)(2) for information about Carry Value.

*(List all property sold during the account period that resulted in losses (carry value higher than gross sale price). Include each property's inventory item number and the date the inventory containing the property was filed. Add pages as required. Check the box at the bottom of the last page of this schedule and total the carry values, sale prices, and the losses. Carry the total of losses over to line 9 of the Summary of Account (form GC-400(SUM)/GC-405(SUM)). The page total to the right is the number of pages in Schedule D.)*

<input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> GUARDIANSHIP    OF (Name): _____ <div style="text-align: right; margin-top: 10px;"> <input type="checkbox"/> Conservatee    <input type="checkbox"/> Minor             </div>	CASE NUMBER: _____
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**Schedule** (specify schedule letter): \_\_\_\_\_ **Distributions to Conservatee or Ward—Standard and Simplified Accounts**

**Distributions to Conservatee or Ward**

Date of Payment <i>(mm/dd/yyyy)</i>	Date of Order Authorizing Distribution <i>(mm/dd/yyyy)</i>	Check No.	Description of Payment	Amounts
				\$
<input type="checkbox"/> <b>Total, Distributions to Conservatee or Ward:</b>				\$ _____

*(Add pages as required. Check the box at the bottom of the last page of this schedule and total the amount. Carry that sum to line 10 of the Summary of Account (form GC-400(SUM)/GC-405(SUM)). The page total to the right is the number of pages in this schedule.)*

Page (specify schedule letter): \_\_\_\_\_ of \_\_\_\_\_ pages

<input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> GUARDIANSHIP    OF (Name): _____ <div style="text-align: right; margin-top: 10px;"> <input type="checkbox"/> Conservatee    <input type="checkbox"/> Minor         </div>	CASE NUMBER: _____
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**Schedule** (specify schedule letter): \_\_\_\_\_ **Other Credits—Standard and Simplified Accounts**

**Other Credits Not Shown on Another Schedule** (describe):

Date (mm/dd/yyyy)	Check No.	Description	Amounts
			\$
<input type="checkbox"/> <b>Total, Other Credits:</b>			\$ _____

*(Add pages as required. Check the box at the bottom of the last page of this schedule and total the amount. Carry that sum to line 11 of the Summary of Account (form GC-400(SUM)/GC-405(SUM)). The page total to the right is the number of pages in this schedule.)*

Page (specify schedule letter): \_\_\_\_\_ of \_\_\_\_\_ pages

<input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> GUARDIANSHIP    OF (Name): _____ <div style="text-align: right; margin-top: 10px;"> <input type="checkbox"/> Conservatee    <input type="checkbox"/> Minor             </div>	CASE NUMBER: _____
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**Schedule** (specify schedule letter): \_\_\_\_\_, **Net Loss From Trade or Business—Standard Account**

Net loss during period of account from (name of business): \_\_\_\_\_

Date of Loss <i>(mm/dd/yyyy)</i>	Description	Amounts
		\$
<b>Total, Schedule</b> _____		\$ _____

*(This schedule should include the information about the business disclosed on Schedule C or Schedule F of a business owner's federal income tax return. Add pages as required. Check the box at the bottom of the last page of this schedule and total the net loss. Carry that sum over to line 12 of the Summary of Account (form GC-400(SUM)/GC-405(SUM)). The page total to the right is the number of pages in this schedule.)*

Page (specify schedule letter): \_\_\_\_\_ of \_\_\_\_\_ pages

<input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> GUARDIANSHIP    OF (Name): _____ <div style="text-align: right; margin-top: 10px;"> <input type="checkbox"/> Conservatee    <input type="checkbox"/> Minor         </div>	CASE NUMBER: _____
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**Schedule E, Cash Assets on Hand at End of Account Period—Standard and Simplified Accounts**

*(Cash assets are assets that may be appraised by the guardian or conservator and listed on Attachment 1 of the inventory. See Probate Code sections 2610(c) and 8901 and instructions on page 2 of Inventory and Appraisal (form DE-160/GC-040). List all cash assets and group them by the inventory in which they appear and identify the inventory by its filing date and type (e.g., Partial No. 1, Final, Supplemental, Correcting, etc.).)*

**Cash Assets on Hand as of** *(last date of account period):* \_\_\_\_\_

Description of Cash Assets	Value
	\$
<input type="checkbox"/> <b>Total, Cash Assets:</b>	\$ _____

*(Add pages as required to list all cash assets. Check the box at the bottom of the last page of this asset category and total the amount of the category. Carry that sum over to line 13a of the Summary of Account (form GC-400(SUM)/GC-405(SUM)). The page total to the right is the number of pages in Schedule E, including both Cash Assets and Non-Cash Assets on Hand.)*

Page E \_\_\_\_\_ of \_\_\_\_\_ pages

<input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> GUARDIANSHIP    OF (Name): _____ <div style="text-align: right; margin-top: 10px;"> <input type="checkbox"/> Conservatee    <input type="checkbox"/> Minor         </div>	CASE NUMBER:  
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**Schedule E, Non-Cash Assets on Hand at End of Account Period—Standard and Simplified Accounts**

*(Non-cash assets are assets that must be appraised by a probate referee and listed on Attachment 2 of the inventory. See Probate Code sections 2610(c) and 8902 and instructions on page 2 of the Inventory and Appraisal (Form DE-160/GC-040). List all non-cash assets, group them by the inventory in which their latest appraised values appear, or if none, as after-acquired assets in order of their purchase dates. Identify the inventory by its filing date and type (e.g., Partial No. 1, Final, Supplemental, Correcting, etc.).)*

**Non-Cash Assets on Hand as of** *(last date of account period):* \_\_\_\_\_

Description of Non-Cash Assets	Estimated Market Value	Carry Value *
	\$	\$
<input type="checkbox"/> <b>Totals, Non-Cash Assets :</b>	\$ _____	\$ _____

*\* (The carry value of an asset that is included in an inventory is its appraised value. The carry value of an asset purchased for the estate after appointment of the guardian or conservator is its purchase price.) (Add pages as required to list all non-cash assets. Check the box at the bottom of the last page of this asset category and total the estimated and carry values of the non-cash assets. Carry the total of the carry values over to line 13b of the Summary of Account (form GC-400(SUM)/GC-405(SUM)). The page total to the right is the number of pages in Schedule E, including both cash assets and non-cash assets on hand.)*

<input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> GUARDIANSHIP    OF (Name): _____ <div style="text-align: right; margin-top: 10px;"> <input type="checkbox"/> Conservatee    <input type="checkbox"/> Minor                 </div>	CASE NUMBER:  
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**Schedule F, Changes in Form of Assets—Standard and Simplified Accounts**

**Changes in Form of Assets During the Account Period**

Date <i>(mm/dd/yyyy)</i>	Transaction

*(Add pages as required to list all changes in the form of assets. Although this schedule is a required part of an account where there has been a change in the form of an asset, the schedule is not shown in the Summary of Account (form GC-400(SUM)/GC-405(SUM)). The page total to the right is the number of pages in Schedule F.)*

Page F \_\_\_\_\_ of \_\_\_\_\_ pages



<input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> GUARDIANSHIP    OF (Name): _____ <div style="text-align: right; margin-top: 10px;"> <input type="checkbox"/> Conservatee    <input type="checkbox"/> Minor         </div>	CASE NUMBER: _____
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**Schedule G, Liabilities at End of Account Period—Standard and Simplified Accounts**

**Liabilities at End of Account Period**

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**Description of Liabilities\***

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**\*Show all liabilities of the estate at the end of the accounting period described in Probate Code section 1063(g).**  
*(Add pages as required to list all liabilities of the estate at the end of the account period. Although this schedule is required to show liabilities of the estate at the end of the account period, it is not shown in the Summary of Account (form GC-400(SUM)/GC-405(SUM)). The page total to the right is the number of pages in Schedule G.)*

Page **G** \_\_\_\_\_ of \_\_\_\_\_ pages