

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ EMAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY CASE NUMBER _____
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101	
IN THE MATTER OF <input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> TRUST <input type="checkbox"/> ESTATE:	
FINANCIAL STATEMENT COVERSHEET	

The financial statement for the _____ accounting is attached.

Accounting period: _____

GUARDIANSHIPS AND CONSERVATORSHIPS ONLY

VERIFICATION RE ELECTRONIC STATEMENTS

The attached statements were received in electronic form and printed/attached without alteration.

I/we declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

Type or print name of Guardian/Conservator

Signature of Guardian/Conservator

Type or print name of Guardian/Conservator

Signature of Guardian/Conservator