COURT CODE: _____
Your Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
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Self-Represented

DISTRICT COURT
_____ COUNTY, NEVADA

In the Matter of the Guardianship of the: ☐ Estate ☐ Person and Estate of: _____ (*name of person who has a guardian*) A Protected Person.	CASE NO.: _____ DEPT: _____ HEARING DATE: _____ HEARING TIME: _____

ORDER APPROVING ACCOUNTING

(*circle one*) **(1st, 2nd, 3rd, ____, FINAL)**

It appearing to the satisfaction of the Court that a Notice of Hearing Regarding Accounting was issued setting the Accounting regarding the estate of the above named Protected Person on the court calendar for hearing, the Notice of Hearing Regarding Accounting was served as prescribed by law, and a hearing was held on the date and time listed above, and good cause appearing therefore:

IT IS HEREBY ORDERED that the Accounting regarding the estate of the above named Protected Person covering the period of (*date*) _____ through (*date*) _____ is approved; and

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IT IS FURTHER ORDERED that this case **(*Court to check one*)**:

- ☐ Shall remain under general administration; or
- ☐ Is hereby placed into summary administration and therefore no annual accounting is required at this time. However, should the assets of the estate of a Protected Person named above ever exceed the sum of $10,000.00, the guardian(s) shall have a duty to file an annual accounting with the Court; and

IT IS FURTHER ORDERED that in all guardianship estates, a final accounting shall be due to the Court upon:

- **If the protected person or protected persons is/are a minor:**

  The protected person reaching age of majority (age 18) and the guardianship terminates by operation of law, upon termination of the guardianship by order of the court, or upon death of the protected person.
- **If the protected person is an adult:**

  Termination of the guardianship by order of the court or upon death of the protected person.

Dated this _____ day of _____, 20___.

_____
DISTRICT COURT JUDGE

Submitted by:

_____
(Guardian)

_____
(Printed Name)

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