

**PREPARER / ATTORNEY SIGNATURE**

**Signature of Preparer other than Guardian, CO-Guardian and Guardian Attorney**

I have compiled the accompanying annual accounting of income received, expenses paid and assets and liabilities arising from cash transactions, current market valuation and current estimated market valuation of the guardianship of

Allen F Ward for the period  
01/01/2000 through 12/31/2000

This compilation is limited to presenting in the form of annual accounting information that is the representation of the guardian. I have not audited or reviewed the accompanying guardianship accounting and, accordingly do not express an opinion or any other form of assurance on it.

***(If you are the Guardian, CO-Guardian or Guardian Attorney-DO NOT SIGN HERE)***

		Barbara W Preparer
<b>Preparer Signature</b>	<b>Date</b>	(Preparer Name)
<u>557789111</u>		<u>442233 W 8th ANNEX</u>
(Preparer SSN/EIN)		(Preparer Street Address)
<u>(777) 446-1321</u>		<u>Magnolia, CO 554472222</u>
(Preparer Phone Number)		(Preparer City/State/Zip)

**Signature of Guardian Attorney**

The undersigned attorney hereby notifies the Court of the filing of the annual guardianship accounting of the guardian of the  
 property for the period 01/01/2000 through 12/31/2000

This annual accounting is the representation of the guardian. I have not audited the accompanying guardianship accounting. The undersigned attorney represents that he/she has examined the contents of the accounting and that it conforms to the requirements of the Florida Guardianship Law and the standards for accountings in:

MIAMI-DADE County, Florida. Pursuant to the Florida Statute, 744.367(3)&(4), I certify that a copy hereof has been furnished to the ward and reviewed to the extent possible as of this date: 12/29/2000

If a copy has not been furnished to the ward, indicate the reason: Ward adjudicated totally incapacitated

I hereby certify that any and all investigatory forms including the application for investigation, appointment and all investigatory fees have been filed and paid. Unless exempt by Florida Statute or Court Order.

		George A Attorney
<b>Attorney for Guardian Signature</b>	<b>Date</b>	(Attorney Name)
<u>8888888888</u>		<u>777777 N 5th ARCADE</u>
(Attorney Bar Number)		(Attorney Street Address)
<u>(888) 123-4567</u>		<u>Miami Shores, DE 778878799</u>
(Attorney Phone Number)		(Attorney City/State/Zip)

**Only reports with Original Signatures will be audited by the Clerk of the Court.**