				JRT OF THE TWELFTH JUNTY, ILLINOIS - IN PI			
N R	E TI	HE ESTAT	E OF				
ame o	of Mino	or Child					
			A Minor	CA	ASE NO:		
				ANNUAL REPORT			
			Nome of avaiding	, by order entered _	Date of order for guardianship	, was appointed	
.1	20447	ayandian at					
					and now respectfully	y submits the	
			eport to date:				
A.	Sta	Status of Minor					
	1.	The addre	ess of the minor child at t	he time I/We was/we (Circle one) (Circle o	ere appointed guardian was	}	
	2.	The minor	r child now lives at the fo				
	2.			ollowing address			
		If the ward has	r child now lives at the fo	ollowing address			
	3.	If the ward has The minor	r child now lives at the form the changed addresses, an explanation rechanged school is reaction is reaction.	ollowing address	through		
	3.	If the ward has The minor	r child now lives at the form changed addresses, an explanation rer's current school is r has health insurance the Private insurance compa	nust be provided. rough: Any Name of insurance co	through		
	3.	The minor The minor ()	r child now lives at the form of the changed addresses, an explanation of the changed addresses, and explanation of the changed addresses and explanat	nust be provided. rough: any Name of insurance controlled with insurance and	through		
	3.	The minor The minor ()	r child now lives at the form of changed addresses, an explanation of the changed addresses, and explanation of the changed addresses, an explanation of the changed addresses, and explanation of the changed addresses, an explanation of the changed addresses, and explanation of the changed addresses and explanation of t	nust be provided. rough: any Name of insurance co	through		
	3.4.	The minor The minor O O O O	r child now lives at the form of changed addresses, an explanation of r's current school is r has health insurance the Private insurance comparate of person who provides minor Illinois Medicaid Programment of the programment of the programment of the provides minor Illinois Medicaid Programment of the provides minor Illin	nust be provided. rough: any Name of insurance coor child with insurance	through		
2	3.4.5.	The minor The minor () () () ()	r child now lives at the form of changed addresses, an explanation of r's current school is	nust be provided. rough: any Name of insurance co	through ompany conditions on behalf of the		
В.	3. 4. 5. Re	The minor The minor () () () ()	r child now lives at the form of changed addresses, an explanation of r's current school is	nust be provided. rough: any Name of insurance coor child with insurance	through ompany conditions on behalf of the	e minor child.	

PAMELA J. MCGUIRE, CLERK OF THE CIRCUIT COURT OF WILL COUNTY

White - Court Yellow - Plaintiff

C.	Personal Property (This may include items such as l savings program, automobile(s), and cash):	bank accounts, life insu	rance, savings bonds, college
	() Minor has no personal Property.		
D.	Expenditures from minor's money.		
	() Minor has no money for expenditures.		
	Income received by minor or for minor (List in detail Security- ATTACH SEPARATE SHEET IF NECESS		for the minor child from Social
		Respectfully sub	mitted,
			Signature of guardian ,
		Guardian of	Minor child
	<u>VERIFICATION UPO</u>		
	I,, bei	ng first duly sworn on o	oath, depose and state that
I am	m guardian of the estate ofName of minor child	, that I have read the	e foregoing Annual Report and
Acc	ecounting, that I know the contents thereof, and that the	same are true and corre	ect to the best of my knowledge.
		5	Signature of guardian
	on/Attorney Who Prepared Form:		
Addres	ess:		
City an	and Zip:		
Phone:	e:		
ARDC	C #:		
	PAMELA J. MCGUIRE. CLERK OF THE	CIRCUIT COURT O	F WILL COUNTY