		DISBURSEMENTS		
DATE	VOU CHER NUMBER	TEMS PAID OUT	AMOUN T	
7-1-59	101	Gerald M. Smitley - services as guardian	\$ 50	00
7-10-59	102	Decatur Insurance Agency - guardian's bond Richmond State Hospital - ward's care from	10	
7-10-59	103	4-1-59 to 6-30-59	130	00
7-10-59	104	Clerk of Adams Circuit Court - certified copy of bond	1	55
8-31-59	105	Clerk of Adams Circuit Court - court costs to date	11	20
10-9-59	106	Richmond State Hospital - ward's care from 7-1-59 to 9-30-59	195	00
11-30-59	107	First State Bank of Decatur - 4 Series "E"	300	00
1-4-60	108	U.S. Bonds Voglewede & Anderson - reimburse for phone call	0	74
1-14-60	109	Richmond State Hospital - ward's care from 10-1-59 to 12-31-59	195	00
4-7-60	110	Richmond State Hospital - ward's care from	195	00
5-3-60	111	1-1-60 to 3-31-60 First State Bank of Decatur - 1 Series "E"		
5-3-60	112	U.S. Sond Robert S. Anderson - Guardian's fee	7 <i>S</i>	00
5-3-60	113	Voglewede & Anderson - attorney fees	50	00
5-14-60	114	Decatur Insurance Agency - Guardian's bond Pirst State Bank of Decatur - service charge	10	00
		Total		
		RECAPITULATION	1273	91
		Amount brought forward from last accounting	1	
		Total amount received this period +	None	
		Total	1488	57
		Total amount paid out this period -	1488	57
		TOTAL VALUE OF ESTATE	1273	91
		CASH BALANCE	589	66
		Assets Belonging to Said Estate	` 214	66
	The	e following is an itemized list of all securities and all ot	ther	
	Per	rsonal and Real Property belonging to said estate in addition		
U. S.	Gover	nment Bond No. C 402 035 660 E cost \$75.00, maturi	ty value	\$100.0
		sment Bond No. C 402 035 659 E cost \$75.00, maturi		
U. S.	Govern	nment Bond No. C 402 035 661 E cost \$75.00, maturi	lty value	\$100.0
U. S.	Govern	nment Sond No. C 402 035 662 E cost \$75.00, maturi nment Bond No. C 402 220 075 E cost \$75.00, maturi	ty value	\$100.0
			ay varue	9200.0
	The state of the s	ate Hospitai		
	nond, 1	SURETIES June 19 , 19 50 \$ 1,000	0.00	
Western		name & address cy Company c/o Robert H. Heller		
Wester	n Suret			
NAME & ADDRESS		I = I = I = I = I = I = I = I = I = I =		
WANT & ADDRESS	ana: 11	SURETIES NAME & ADDRESS C/O Robert H. Heller		
MISH MINISTER	ena; m	SOURETIES NAME & ADDRESS AANDRESS		
AME & ADDRESS	Ma, II	y Company AVWE & VOOKESS CONTROL CONTROL		
AME & ADDRESS	Suret	SURETIES SURETIES WAME & ADDRESS C/O ROBERT H. Heller		
Western		SURETIES SURETIES NAME & ADDRESS c/o Robert H. Heller Heller Insurance Agency Heller Building Decatur, Indiana	, 19 60	
Western	Suret	SURETIES SURETIES NAME & ADDRESS c/o Robert H. Heller Heller Insurance Agency Heller Building Decatur, Indiana	, 19 60	
Western STATE		SURETIES SURETIES NAME & ADDRESS c/o Robert H. Heller Heller Insurance Agency Heller Building Decatur, Indiana June	, 19 60	
Western STATE	OFY OF	SURETIES SURETIES NAME & ADDRESS c/o Robert H. Heller Heller Insurance Agency Heller Building Decatur, Indiana)) ss I,	ian of the	
Western STATE COUNTY ward of a	of	Company SURETIES NAME & ADDRESS c/o Robert H. Heller Heller Insurance Agency Heller Building Decatur, Indiana June	ian of the statement with which operty ex-	
Western STATE COUNTY ward of a	of	SURETIES SURETIES NAME & ADDRESS c/o Robert H. Heller Heller Insurance Agency Heller Building Decatur, Indiana)) ss I,	ian of the statement with which operty ex-	
Western STATE COUNTY ward of a	of	SURETIES SURETIES NAME & ADDRESS c/o Robert H. Heller Heller Insurance Agency Heller Building Decatur, Indiana 1 1 1 1 1 1 1 1 1 1 1 1 1	ian of the statement with which operty ex-	
Western STATE COUNTY ward of a	of	SURETIES SURETIES NAME & ADDRESS c/o Robert H. Heller Heller Insurance Agency Heller Building Decatur, Indiana 1. Robert swear that the foregoing account contains a full and true ys, securities, and other property belonging to said ward, wable as well as of all moneys, securities, and other pro- isposed of, and that all statements herein are ture and corr SIGNATURE	ian of the statement with which operty ex-	
Western STATE COUNTY ward of a	of	SURETIES SURETIES NAME & ADDRESS c/o Robert H. Heller Heller Insurance Agency Heller Building Decatur, Indiana 1, Robert swear that the foregoing account contains a full and true ys, securities, and other property belonging to said ward, wable as well as of all moneys, securities, and other pro- isposed of, and that all statements herein are ture and corr signature	ian of the statement with which operty ex-	
STATE COUNTY ward of a I am pend	of	SURETIES SURETIES NAME & ADDRESS c/o Robert H. Heller Heller Insurance Agency Heller Building Decatur, Indiana) I, swear that the foregoing account contains a full and true ys, securities, and other property belonging to said ward, we able as well as of all moneys, securities, and other pro- isposed of, and that all statements herein are ture and corr SIGNATURE	ian of the statement with which operty ex-	
Mestern STATE COUNTY ward of a I am pend	of	SURETIES SURETIES NAME & ADDRESS c/o Robert H. Heller Heller Insurance Agency Heller Building Decatur, Indiana))) ss ine yes, securities, and other property belonging to said ward, wable as well as of all moneys, securities, and other profisposed of, and that all statements herein are ture and corn ADDRESS	ian of the statement with which operty ex-	
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STATE COUNTY Ward of a I am pend Subs Decemb	of	SURETIES SURETIES SURETIES SURETIES AMME & ADDRESS C /O Robert H. Heller Heller Insurance Agency Heller Building Decatur, Indiana June) ss ADDRESS I, Robert S. Adderson June) ss ADDRESS AMME OF BANK OF TRUST COMP ANY By CERTIFICATE AS TO SECURITIES SURETIES LAME & ADDRESS C /O ROBERT H. Heller Heller Insurance Agency Heller Building Decatur, Indiana June) ss ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS NAME OF BANK OF TRUST COMP ANY By CERTIFICATE AS TO SECURITIES LAME OF BANK OF TRUST COMP ANY By CERTIFICATE AS TO SECURITIES LAME OF BANK OF TRUST COMP ANY By CERTIFICATE AS TO SECURITIES LAME OF BANK OF TRUST COMP ANY By CERTIFICATE AS TO SECURITIES	an of the statement with which operty ex- rect. 1960. ANY as has	
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DATE	NUMBER			
7-8-60 8-2-60 10-4-60 10-6-60 1-7-61 4-8-61 5-1-61 5-24-61 6-1-61 6-1-61	115 116 117 118 119 120 121 122 123 124 125	Richmond State Hospital - ward's care from 4-1-60 to 6-30-60 Richmond State Hospital - canteen fund Decatur Insurance Agency - guardian's bond Richmond State Hospital - ward's care from 7-1-60 to 9-30-60 Richmond State Hospital - ward's care from 10-1-60 to 12-31-60 Richmond State Hospital - ward's care from 1-1-61 to 3-31-61 First State Bank of Decatur - two Series "E" U.S. Bonds Decatur Insurance Agency - guardian's bond Robert S. Anderson - guardian's fee Voglewede & Anderson - attorney fees Richard D. Lewton, Clerk - court costs First State Bank of Decatur - service charge	\$ 195 10 10 195 195 195 150 20 50 25 2	00 00 00 00
The second second		Total		
		RECAPITULATION	\$ 1047	96
-		Amount brought forward from last accounting	100 mg 1 mg 2 mg 2 mg 1 mg 2	
		Total amount received this period +	214	66
	1013	75		
	1228	41		
(Cash	1047	96		
Coabii	pane o.	CASH BALANCE	605	45
4.3		Assets Belonging to Said Estate	180	45

The following is an itemized list of all securities and all other Personal and Real Property belonging to said estate in addition to cash balance on hand:

U.S. Government Bond No. C 402 035 660 B cost \$75.00, maturity value \$100.00 U.S. Government Bond No. C 402 035 659 B cost \$75.00, maturity value \$100.00 U.S. Government Bond No. C 402 035 662 E cost \$75.00, maturity value \$100.00 U.S. Government Bond No. C 402 220 075 B cost \$75.00, maturity value \$100.00 U.S. Government Bond No. C 412 128 463 B cost \$75.00, maturity value \$100.00 U.S. Government Bond No. C 412 128 463 B cost \$75.00, maturity value \$100.00 U.S. Government Bond No. C 412 128 463 B cost \$75.00, maturity value \$100.00

Richmond State Mospital Richmond, Indiana	LETTERS OF GUARDIANSHIP ISSUED BOND \$
	SURETIES June 19 59 1,000.00
NAME & ADDRESS	NAME & ADDRESS
NAME & ADDRESS	NAME & ADDRESS
	SURETIES June 19 34 1,000.00
Richmond State Hospital Richmond, Indiana	LETTERS OF GUARDIANSHIP ISSUED BOND \$

Richmond, Indiana	LETTERS OF GUARDIANSHIP ISSUED BOND				
	SURETIES June 19 19 1,000.00				
AME & ADDRESS	NAME & ADDRESS				
Western Surety Company	C/o Robert H. Heller Heller Insurance Agency Heller Building				
L 2	Decatur, Indiana				
STATE OF	June 19 · 19 61				
COUNTY OF					
of all moneys, securities, and other I am chargeable as well as of all	guardian of the account contains a full and true statement reproperty belonging to said ward, with which I moneys, securities, and other property exstatements herein are ture and correct.				
	SIGNATURE				
Rot	pera S. Anderson,				
	104 S. Third Aboress Decatur, Indiana				
	igth				
Subscribed and sworn to before me th	day of June, 19 of				
	Barbara J. Bowman				
My commission expires December 15, 1962.	Barbara J. Bowman Notary Public				
guardian of Gordon G. Egnor balance of \$ in a savings a	NAME OF WARD Account and a blance of #				
ind	150.43				
in a checking account this 19th da	ay of, 19				
	FIRST STATE BANK OF DECATUR				
	By affermain Great				
CERTIFICATE	AS TO SECURITIES				
	June 19, 1961 Date				
the foregoing accounting were exhibite	he securities set out and enumerated in				
estate of the within-named ward, and s	as being the property of the ecurities then and there being in the				
custody and control of	[4] [2] (([4] [4] [4] [4] ([4] [4] [4] [4] ([4] [4] [4] [4] ([4] [4] [4] [4] [4] ([4] [4] [4] [4] [4] ([4] [4] [4] [4] [4] [4] ([4] [4] [4] [4] [4] [4] ([4] [4] [4] [4] [4] [4] ([4] [4] [4] [4] [4] [4] ([4] [4] [4] [4] [4] [4] [4] ([4] [4] [4] [4] [4] [4] [4] ([4] [4] [4] [4] [4] [4] [4] ([4] [4] [4] [4] [4] [4] [4] [4] ([4] [4] [4] [4] [4] [4] [4] [4] ([4] [4] [4] [4] [4] [4] [4] [4] ([4] [4] [4] [4] [4] [4] [4] [4] [4] ([4] [4] [4] [4] [4] [4] [4] [4] [4] ([4] [4] [4] [4] [4] [4] [4] [4] [4] ([4] [4] [4] [4] [4] [4] [4] [4] [4] ([4] [4] [4] [4] [4] [4] [4] [4] [4] [4]				
or being in lock box No of the PIRST STATE BANK OF DECATUR					
Sign	ned Olyenany				
	// V CERTIFYING OFFICER G. Posh				