



In the Matter of

Name of person for whom guardianship is sought

Petitioner:

Street Address Apt # PO Box
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City State Zip Code Area Telephone
Code

INITIAL INVENTORY OF ASSETS

_____, Guardian of the Property of _____
Name of Guardian Disabled Person/Minor
respectfully shows that as of _____ that Fiduciary's Estate consists of the
Date
following property:

(Please note: Attach additional sheets if necessary. Each item listed shall be valued by the fiduciary at its fair market value, as of the date of the appointment of the fiduciary or the assumption of jurisdiction by the Court. Unless the Court otherwise directs, it shall not be necessary to employ the appraiser to make any valuation. State amount of the mortgages, liens, or other indebtedness, but do not deduct when determining estimated fair market value.)

A. REAL ESTATE (State location, liber/folio, balance of mortgage and name of lender, if any)

Location	Liber/Reference	Balance of Mortgage	Name of Lender	Est. Fair Market Value

B. CASH AND CASH EQUIVALENT (State the name of financial institution, account number and type of account) (**Attach Photocopies of Statements**)

Name of Bank	Account Number	Type of Account	Present Fair Market Value

C. PERSONAL PROPERTY (Itemize motor vehicles, regardless of value. Describe all other property generally if total value is \$1,500; state amount of any lien; itemize, if total value is over \$1,500)

Description of Property	Estimated Fair Market Value

D. STOCKS (State number and class of shares, name of corporation)

No. and Class of Share	Name of Company	Stock Value	Present Fair Market Value

E. BONDS (State face value, name of issuer, interest rate, maturity date)

Name of Issuer	Interest Rate	Face Value	Maturity Date	Present Fair Market Value

F. OTHER (Describe generally, e.g. debts owned to estate, partnerships, cash value of life insurance policies, etc.)

Description	Estimated Fair Market Value

Part II.

INFORMATION REPORT

(1) Are there any assets in which the minor or disabled person holds a present interest of any kind together with another person in any real or personal property, including accounts in a credit union, bank, or other financial institution?

NO YES If yes, give the following information as to all such property.

Name, Address, and Relationship of Co-Owner	Nature of Property	Description of Interest	Total Value of Property

(2) Does the minor or disabled person hold an interest less than absolute in any other property which has not been disclosed in question (1) and has not been included in the inventory (e.g. interest in a trust, a term for years, a life estate)?

NO YES If yes, give the following information as to each such interest:

Description of Interest and Amount or Value	Date and Type of Instrument Establishing Interest

VERIFICATION

I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing inventory and information report are true and correct to the best of my knowledge, information and belief.

Signature of the Fiduciary Date

Signature of the Fiduciary Date

Print Name of Fiduciary

Print Name of Fiduciary

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