

State of Minnesota

County of _____

District Court
Judicial District
Probate / Mental Health Division
 Court File No. _____
 Case Type: 14, Conservatorship

In Re: Conservatorship of

INVENTORY

_____,
Protected Person

Date of Appointment: _____

The Inventory is summarized on these pages. Pursuant to General Rule of Practice for District Courts, Rule 11, restricted identifiers and financial source documents are confidential. See Forms 11.1 and 11.2. Do not list financial account numbers or social security numbers on this form. List such information on Form 11.1.

CLASS I PROPERTY: Real Estate

Real Estate <i>Specify plat or survey description. Specify encumbrances, liens, etc., and respective sums for each.</i>	Amount	Total
a. Homestead: located in the County of _____; Legally described as:		
b. Non-homestead real property: located in the County of _____, legally described as:		
Total Class I Property: Real Estate		

CLASS II PROPERTY: Personal Property

a. Furniture and Household Goods <i>(attach statement if needed)</i>	Amount	Total
1.		
2.		
3.		
4.		
a. Total Furniture, Fixtures and Household Goods:		

b. Wearing Apparel <i>(attach statement if needed)</i>	Amount	Total
1.		
2.		
3.		
4.		
b. Total Wearing Apparel:		

c. Corporate Stocks <i>(attach statement if needed)</i> <i>Corporate name, number of shares and value per share</i>	Amount	Total
1.		
2.		
3.		
4.		
c. Total Corporate Stock:		

d. Bank Accounts – Certificates of Deposit <i>(attach statement if needed)</i> <i>Specify Institutions and Balances –</i> <i>List Account Numbers on Confidential Form 11.1</i>	Amount	Total
1.		
2.		
3.		
4.		
d. Total Bank Accounts and Certificates of Deposit:		

Other Personal Property <i>(attach statement if needed)</i>	Amount	Total
1. Attach statement if needed		
2.		
3.		
4.		
e. Total Other Personal property:		

Total Class II Property: Personal Property Subtotal of Class II items: a, b, c, d and e <i>(List this amount on Line 1 of the First Annual Account, Form 14)</i>		
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Total Real and Personal Property

Total Class I Property: Real Estate		
Total Class II Property: Personal Property		
Total Class I and Class II Property		

STATE OF MINNESOTA

COUNTY OF _____

_____ being duly sworn/affirmed hereby swears that s/he is the conservator of the estate for the above-entitled protected person, that s/he has read the inventory and knows its contents, including the confidential provisions herein, that the same is a true and correct Inventory of the protected person's estate that has come into the conservator's possession, and that s/he has given notice of the filing of this inventory, together with a copy of the inventory, to the protected person.

Dated: _____, 20__

Signature of Conservator

Name: _____

Address: _____

Telephone: _____

Subscribed and Sworn to before me
this _____, 20__.

Signature of Notary

Name of Petitioner's Attorney:

Name: _____

License No.: _____

Address: _____

Telephone: _____

State of Minnesota

County of _____

District Court
_____ Judicial District
Probate / Mental Health Division
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_____, **Protected Person**

**CONSERVATORSHIP INVENTORY
FINANCIAL SOURCE DOCUMENTS
FORM 11.2**

(Provided in Accordance With Rule 11 of the Minnesota
General Rules of Practice)

THIS LISTING OF SEALED FINANCIAL SOURCE DOCUMENTS IS ACCESSIBLE TO THE PUBLIC BUT THE SOURCE DOCUMENTS SHALL NOT BE ACCESSIBLE TO THE PUBLIC EXCEPT AS AUTHORIZED BY COURT RULE OR ORDER

- Bank statements
Periods covered: _____
- Credit card statement
Periods covered: _____
- Verification of Funds on Deposit
- Verification of Stocks and Other Securities
- Other: _____

Information supplied by:

Dated: _____

Name of Petitioner's Attorney:

Name: _____

License No.: _____

Address: _____

City/State/Zip: _____

Telephone: _____

State of Minnesota

County of _____

District Court

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_____, Protected Person

**CONSERVATORSHIP INVENTORY
CONFIDENTIAL INFORMATION FORM 11.1**
(Provided in Accordance With Rule 11 of the Minnesota
General Rules of Practice)

**The information on this form is
confidential and shall not be placed
in a publicly accessible portion of a file.**

NAME

SOCIAL SECURITY NUMBER

BANK ACCOUNT NUMBERS

OTHER FINANCIAL ACCOUNT NUMBERS

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____
- 11. _____
- 12. _____

* Add supplemental information if needed

Information supplied by:

Dated: _____

Name of Petitioner's Attorney:

Name: _____

License No.: _____

Address: _____

City/State/Zip: _____

Telephone: _____