

IN RE: GUARDIANSHIP OF \_\_\_\_\_ Case No. \_\_\_\_\_

**INITIAL INVENTORY**

**Date of letters of guardianship:**

**Property guardianship type:**

**SUMMARY**

**Section A: Value of Real Property Assets** \$  
**Section B: Cash Assets/Cash Equivalent Assets** \$  
**Section C: Intangible Assets/Stocks/Bonds** \$  
**Section D: Tangible Personal Property** \$  
**Section E: Debts/Encumbrances/Liabilities/Liens** \$  
**TOTAL: \$**

**Section A: Real Property Assets**

**Do you have entries for Section A?**  Yes  No

Number	Description and Address	Full Value	Is there another owner?
1.		\$	<input type="checkbox"/> Yes or <input type="checkbox"/> No
2.		\$	<input type="checkbox"/> Yes or <input type="checkbox"/> No
3.		\$	<input type="checkbox"/> Yes or <input type="checkbox"/> No
<b>Total for Section A:</b>		\$	

Attach a copy of the property appraiser's information or a copy of the deed for all real property.

## Section B: Cash Assets/Cash Equivalent Assets

(checking account, savings account, money market account, certificate of deposit (CD))

Do you have entries for Section B?  Yes  No

Are any of the entries held in a depository account?  Yes  No

Number	Institution Name	Last 4 #s of Account #	Type of Asset	Full Value	Is There Another Owner?	Is this a Depository Account?
1.				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.				\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Total for Section B: \$**

Attach a copy of the institution's statement for each account from the creation date of the guardianship.

## Section C: Intangible Assets/Stocks/Bonds

Do you have entries for Section C?  Yes  No

Are any of the entries held in a depository account?  Yes  No

Number	Issuer Name and Address	Type of Asset	Full Value	Last 4 #s of Account #	Is There Another Owner?
1.			\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
2.			\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
3.			\$		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Total for Section C: \$**

Attach a copy of the institution's statement for each account from the creation date of the guardianship.

**Section D: Tangible Personal Property Assets**  
**(motor vehicles, jewelry, household furnishings, collectibles, fine art)**

Do you have entries for Section D?  Yes  No

Number	Description and Location	Full Value	Is there another owner?
1.		\$	<input type="checkbox"/> Yes or <input type="checkbox"/> No
2.		\$	<input type="checkbox"/> Yes or <input type="checkbox"/> No
3.		\$	<input type="checkbox"/> Yes or <input type="checkbox"/> No
<b>Total for Section D:</b>		\$	

Attach a copy of the title for any motor vehicle.

**Section E: Debts/Encumbrances/Liens/Liabilities**

Do you have entries for Section E?  Yes  No

Instructions: List each liability equal to or greater than \$1,000.

Number	Creditor	Full Value of Liability	Last 4 #s of Account #	Is There Another Owner?
1.		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
2.		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
3.		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Total for Section E:</b>		\$		

A copy of documents detailing each listed liability.

### Section F: Sources of Income

Do you have entries for Section F?  Yes  No

Number	Type	Payor	Estimated Monthly Amount
1.			\$
2.			\$
3.			\$
<b>Total for Section F:</b>			\$

Is the guardian the representative payee of Social Security benefits?  Yes  No

If no, who is the representative payee for the Social Security benefits?

### Section G: Lawsuits Against the Ward

Do you have entries for Section G?  Yes  No

Number	Description of Lawsuit or Claim	Estimated Amount of Claim	Court Address	Plaintiff's Name and Address	Describe Cause of Action	Date of Debt Occurrence
1.		\$				
2.		\$				
3.		\$				

### Section H: Pending Litigation and/or Lawsuits the Ward May Bring if Court Approval is Received

Do you have entries for Section H?  Yes  No

Number	Description of Lawsuit or Claims	Case Number and Court Address	Defendant Name and Address	Describe Cause of Action	Attorney for Ward
1.					
2.					
3.					

### Section I: Assets the Ward, as of the Date of the Letters of Guardianship, Was Entitled to Receive, but Has Not Received

Do you have entries for Section I?  Yes  No

Instructions: If the guardian has knowledge of assets the ward was entitled to receive as of the date of letters, but were not received the assets should be listed here. Examples: insurance policies, benefits, inheritance, or settlements from litigation.

Number	Description	Estimated Date of Receipt	Estimated Amount
1.			\$
2.			\$
3.			\$

### Section J: Trusts

Do you have entries for Section J?  Yes  No

Number	Name of Current Trustee and Address	Ward's Interest	Estimated Date Trust was Created	Value of the the Ward's Interest in the Trust
1.				\$
2.				\$
3.				\$

### Section K. Safe-Deposit Box

Does the ward lease a safe-deposit box?  Yes  No

If yes, location and number of safe-deposit box:

Location	Safe Deposit Box #

Does the ward lease a safe-deposit box with another individual or individuals?  Yes  No

Who is the joint lessee with the ward? \_\_\_\_\_

Was an inventory of the safe-deposit box filed with the court as required by section 744.365, Florida Statutes?  Yes  No

Has the safe-deposit box been opened?  Yes  No

*[A certificate of service as required by Florida Rule of Judicial Administration 2.516 must be included if the incapacitated person is not a minor under 14 years of age and is not totally incapacitated.]*

I certify that the foregoing document has been furnished to

\_\_\_\_\_ (name, address for service, mailing address and e-mail address) by: email delivery

mail fax on \_\_\_\_\_ (date)

Signed on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signed on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Co-Guardian

\_\_\_\_\_  
Signature of Co-Guardian

\_\_\_\_\_  
Printed Name of Co-Guardian

\_\_\_\_\_  
Printed Name of Co-Guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip

\_\_\_\_\_  
City, State and Zip

\_\_\_\_\_  
Phone number

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Phone number

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Email Address

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Email Address