

IN THE CHANCERY COURT OF \_\_\_\_\_ COUNTY  
\_\_\_\_\_ JUDICIAL DISTRICT

IN RE: CONSERVATORSHIP FOR

Case No. \_\_\_\_\_

\_\_\_\_\_

INVENTORY REPORT

On \_\_\_\_\_, the Court appointed \_\_\_\_\_ to serve as conservator for \_\_\_\_\_. The attached Exhibit A is an inventory of the estate. The inventory totals are as follows:

<b>Total Assets</b>	_____
<b>Total Debts and Liabilities</b>	_____
<b>Total Estimated Annual Receipts and Income</b>	_____
<b>Total Estimated Annual Expenses</b>	_____

Unless waived by the Court, an accounting is due on or before \_\_\_\_\_

(one year from the date of the order appointing the conservator).

Respectfully submitted,

By: \_\_\_\_\_  
Conservator's Name

By: \_\_\_\_\_  
Attorney's Name and Bar No.  
Address  
Phone  
Email

CERTIFICATE OF SERVICE

I certify that on this date, I served a copy of this inventory report as set forth in Section 420(2)

to \_\_\_\_\_, by \_\_\_\_\_ (method of service).

This the \_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Attorney's Name

GENERAL INFORMATION

**Ward's Contact Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

(Include name of living center or nursing home, if applicable)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: Residence \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

Last four digits of Social Security No. \_\_\_\_\_

**Spouse and Family Contact Information**

Spouse Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: Residence \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

**Conservator's Contact Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Relationship to Ward: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: Residence \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
Email: \_\_\_\_\_  
Last four digits of Social Security No. \_\_\_\_\_

**Other Information**

Please provide the following:

- (1) Has a conservator been appointed for the person/estate?  Yes  No  
If yes, provide the conservator's name, address, and phone number.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- (2) Do you believe the estate's assets are sufficient to provide for the ward's present and future care?  Yes  No  
Please explain as needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- (3) Please list anything of significant value which the conservator, any individual who resides with the conservator, or the spouse, parent, child, or sibling of the conservator has received from a person providing goods or services to the ward.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(4) Please disclose any business dealings the conservator has with a person the conservator has paid or that has benefitted from the property of the ward.

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(5) Is any co-conservator or successor conservator appointed to serve when a designated event occurs alive and able to serve?  Yes  No  
If yes, please state that person's name.

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(6) Unless bond either has been waived or is not required, state the amount and attach a copy of the bond to the inventory.

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(7) Do you anticipate filing a supplemental inventory?  Yes  No

(8) Please provide any other information you believe the Court should know.

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ASSETS

**Real Property**

Description	County	State	Joint Owner (if any)	Estimated Value
Parcel 1				
Parcel 2				
Parcel 3				
<b>Total \$</b>				_____

**Automobiles**

Year/Make/Model	V.I.N.	Joint Owner (if any)	Estimated Value
Auto 1			
Auto 2			
Auto 3			
<b>Total \$</b>			_____

**Checking Accounts/Savings Accounts/Money Market Accounts/Certificates of Deposit**

Bank/Financial Institution/Broker	Acct No.	Joint Owner (if any)	Estimated Value
Account 1			
Account 2			
Account 3			
<b>Total \$</b>			_____

**Stocks/Bonds/Investments (including retirement and profit-sharing accounts)**

Firm/Institution/Company/Issuer	Acct No./Shares	Joint Owner (if any)	Estimated Value
Account 1			
Account 2			
Account 3			
<b>Total \$</b>			_____

**Life Insurance/Annuities**

	Company	Type of Policy	Joint Owner (if any)	Cash Value
Policy 1				
Policy 2				
Policy 3				
				<b>Total \$</b> _____

**Other Property (if worth more than \$1,000)**

	Detailed Description	Estimated Value
Item 1		
Item 2		
Item 3		
		<b>Total \$</b> _____

**Total Assets \$** \_\_\_\_\_

DEBTS AND LIABILITIES

**Secured Debts**

	Obligor/Payee	Collateral	Joint Owner (if any)	Approx. Balance
Debt 1				
Debt 2				
Debt 3				
			<b>Total \$</b>	_____

**Unsecured Debts**

	Obligor/Payee	Acct. No.	Joint Owner (if any)	Approx. Balance
Debt 1				
Debt 2				
Debt 3				
			<b>Total \$</b>	_____

**Total Debts and Liabilities \$** \_\_\_\_\_



ESTIMATED ANNUAL RECEIPTS AND INCOME

Wages	_____
Social Security	_____
Interest/Dividends	_____
Pensions/Retirement Distributions	_____
Annuity	_____
Tax Refunds	_____
Alimony	_____
Trust Distributions	_____
Proceeds from Sale of Assets	_____
Rental Income	_____
Gifts	_____
Disability, Unemployment, or Worker's Compensation	_____
Other Public Assistance	_____
Other Receipts/Income (please describe)	_____

**Total Estimated Annual Receipts and Income** \$ \_\_\_\_\_

ESTIMATED ANNUAL EXPENSES

Legal and Professional Fees	_____
Income Taxes	_____
FICA and Medicare Taxes	_____
Health Insurance	_____
Other Insurance	_____
Care Facility/Rent/Mortgage	_____
Property Taxes	_____
Home Repair and Maintenance	_____
Utilities	_____
Food and Household Supplies	_____
Clothing	_____
Health Care	_____
Personal Care	_____
Child Care	_____
Auto Expenses	_____
Education	_____
Entertainment, Vacation, Travel	_____
Gifts	_____

**Total Estimated Annual Expenses** \$ \_\_\_\_\_

AFFIRMATION

Under penalties of perjury, the undersigned conservator(s) declare(s) that I (we) have read and examined this inventory and that the facts and figures set forth in the summary and attached schedules are true, to the best of my (our) knowledge and belief, and that it is believed to be complete and accurate as far as information permits.

Signed on \_\_\_\_\_, \_\_\_\_\_.

By: \_\_\_\_\_  
Conservator's Name

By: \_\_\_\_\_  
Attorney's Name and Bar No.  
Address  
Phone  
Email