

**REMINDERS:** This is a one-time document, to be completed within 90 days of the Guardianship Judgment (not annually) It should reflect assets as of the date of the Judgment.

# Guardian Inventory Form **AMENDED**

**Notice to Interested Parties:** Interested parties should act to protect the welfare and/or finances of an adult incapacitated person under legal guardianship. Within the time and in the manner provided by law, interested parties may file a motion to object to actions taken by the guardian or to seek review of the guardianship. Although some guardianship reports are subject to review by authorized Judiciary and/or Surrogate personnel, interested parties remain responsible for requesting court review as to any misstatements or misconduct by a guardian.

*In the Matter of the Estate of,*

\_\_\_\_\_,  
an Incapacitated Person

Superior Court of New Jersey  
Chancery Division - Probate Part  
County of \_\_\_\_\_  
Docket No. \_\_\_\_\_

## Guardianship Estate Inventory

Within ninety days (90) following appointment, the guardian(s) of the estate shall file an original inventory with the Surrogate, as Deputy Superior Court Clerk, Chancery Division, Probate Part, and serve a copy of the inventory on the interested persons named in the verified guardianship complaint and those who subsequently appeared in the action or to whom the court directs.

The Guardian(s) of the Estate hereby certify and say:

The following schedules contain a complete and accurate inventory and valuation of all real and personal property of this estate, so far as the undersigned is informed. I/we certify that the foregoing statements made by me/us are true, to the best of my/our knowledge, and that I/we will supplement this form as may be necessary should additional information become available. I/we am/are aware that if any of the foregoing statements made by me/us are willfully false, I/we am/are subject to punishment.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

**All guardians must sign.**

### Recapitulation

Schedule A - Real Property	\$ _____
Schedule B - Stocks, Bonds, Mutual Funds, Securities and Investment Accounts	\$ _____
Schedule C - Cash, Bank Accounts, Notes Due	\$ _____
Schedule D - Pensions, Retirement Accounts, Annuities, Profit Sharing Plans	\$ _____
Schedule E - Miscellaneous Personal Property	\$ _____
Gross Value	\$ _____
Schedule F - Encumbrances	\$ ( _____ )
Total Net Estate	\$ _____
Schedule G - Monthly Income	\$ _____

Note: When completing the following schedules, please list all assets, regardless of its location. All out-of-state assets must be disclosed. Enter "NONE" for schedules without corresponding assets.

**SCHEDULE A - Real Property.** All interests in real property including real property held in common or jointly with other and, if held jointly, describe the interest. If none, so state.

Item No.	Description: Address (include county and state)	Municipal Tax Assessed Value	Market Value
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

**Total Schedule A** (also enter under recapitulation, page 1) \$ \_\_\_\_\_

**SCHEDULE B - Stocks, Bonds, Mutual Funds, Securities and Investment Accounts.** Include all interests in stocks, bonds, mutual funds, securities and investment accounts including interests held in common or jointly with other(s) or in trust, and, if held jointly, describe the interest. If none, so state.

Item No.	Description (include name of financial institution, account type, number of shares or last four digits of account and date value fixed.)	Face Value	Market Value
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

**Total Schedule B** (also enter under recapitulation, page 1) \$ \_\_\_\_\_

**SCHEDULE C - Money on hand, checking and savings accounts and certificates of deposit in banks and notes or other indebtedness due the incapacitated person.** If none, so state.

Item No.	Description (include name of financial institution, account type, last four digits of accounts and date value fixed.)	Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**Total Schedule C** (also enter under recapitulation, page 1) \$ \_\_\_\_\_

**SCHEDULE D - Pensions, retirement accounts (IRA's, 401(k), annuities, profit sharing plans *et cetera*).** Include last four digits of account. If none, so state.

Item No.	Description (include name of financial institution, account type, last four digits of accounts and date value fixed.)	Value
_____	_____	\$ _____
_____	_____	\$ _____

**Total Schedule D** (also enter under recapitulation, page 1) \$ \_\_\_\_\_

**SCHEDULE E - Miscellaneous Personal Property - (tangible personal property, motor vehicles, recreation vehicles, employment bonus or award, interest in a partnership or unincorporated business, articles or collections having either artistic or intrinsic value, *et cetera*)** If none, so state.

Item No.	Description	Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**Total Schedule E** (also enter under recapitulation, page 1) \$ \_\_\_\_\_

**SCHEDULE F - Liabilities/ Encumbrances.** If any asset listed in this Inventory has a secured associated debt, such as a mortgage or a car loan, indicate below. List all other debts If none, so state.

Item No.	Description	Encumbrance Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
<b>Total Schedule F</b> (also enter under recapitulation, page 1)		<b>\$ _____</b>

**SCHEDULE G - All Sources of Income**

Item No.	Description	Annual Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
<b>Total Annual Income</b> (also enter as <i>monthly</i> income on page 1)		<b>\$ _____</b>

**Service**

I certify that on \_\_\_\_\_, a copy of this inventory was served on each of the following interested parties (e.g., incapacitated person’s spouse, parents, siblings and children, *et cetera*):

Name of Person Served this Document	Relationship to Incapacitated Person	Address	Manner of Service (U.S. Mail, Personal Service)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____