

RULE 5.910. INVENTORY

_____ Judicial Circuit,
in and for _____
County, Florida

Probate
Division Case _____
No. Judge: _____
Amended Form? Yes* No
*If yes, version of the Amended Form: _____

In Re: Guardianship of

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

<u>Number</u>	<u>Description and Address</u>	<u>Full Value</u>	<u>Is There Another Owner? Yes or No</u>
<u>1.</u>			

<u>2.</u>			
<u>3.</u>			

Total for Section A \$ _____

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 _____

<u>Number</u>	<u>Institution Name</u>	<u>Last 4 Digits of Account Number</u>	<u>Type of Asset</u>	<u>Full Value</u>	<u>Is There Another Owner? Yes or No</u>	<u>Is this a Depository Account? Yes or No</u>
<u>1.</u>						
<u>2.</u>						
<u>3.</u>						

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 _____

<u>Number</u>	<u>Issuer Name and Address</u>	<u>Type of Asset</u>	<u>Full Value</u>	<u>Last 4 Digits of Account Number</u>	<u>Is There Another Owner? Yes or No</u>
<u>1.</u>					
<u>2.</u>					
<u>3.</u>					

Total for Section C \$ _____

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

Section G: Lawsuits Against the

Ward Do you have entries for Section Yes No

G?

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

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

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

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.

<u>Number</u>	<u>Description</u>	<u>Estimated Date of Receipt</u>	<u>Estimated Amount</u>
<u>1.</u>			
<u>2.</u>			
<u>3.</u>			

Section J: Trusts

Do you have entries for Section J? Yes No

<u>Number</u>	<u>Name of Current Trustee and Address</u>	<u>Ward's Interest</u>	<u>Estimated Date Trust was Created</u>	<u>Value of the Ward's Interest in the Trust</u>
<u>1.</u>				
<u>2.</u>				
<u>3.</u>				

Section K. Safe-Deposit Box

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

If yes, location and number of 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 used for service, mailing address, and e-mail address)..... by(e-mail) (delivery) (mail) (fax)..... on(date).....

 Guardian's Signature
 Guardian's Printed _____
 Name: Guardian's _____
 Address: _____
 Guardian's Phone Number: _____
 Guardian's E-mail Address: _____