

IN THE CIRCUIT COURT
TWENTY-FOURTH JUDICIAL CIRCUIT
COUNTY, ILLINOIS

IN RE THE GUARDIANSHIP OF:]
] No: _____
vs.]
] _____
] A DISABLED ADULT.]

INVENTORY SUMMARY

Date of Inventory: _____

- | | |
|---------------------------------------|-------|
| 1. Real Estate & Improvements: | _____ |
| 2. Personal & Miscellaneous Property: | _____ |
| 3. Cash | _____ |
| Total | _____ |

The undersigned Guardian(s) state(s) that on the above date the Estate of the above Disabled Adult/Ward consisted of the items described in the attached forms and that the values assigned are the fair market values on or about said date.

I swear or affirm that the above information and all attachments are true and correct.

Signature of Guardian

Signature of Guardian

Date

IMPORTANT: If your address has changed, you **must** notify the Clerk of the Circuit Court in writing. Include a daytime phone number if you are not represented by an attorney.

