STATE OF INDIANA)
)
COUNTY OF ELKHART)

IN THE ELKHART SUPERIOR COURT
CLICK TO CHOOSE
CASE NO: _____

IN RE THE GUARDIANSHIP OF:

_____
Name of ☐ Minor Child ☐ Incapacitated Person

GUARDIAN'S INITIAL INVENTORY

The following items are all the property of the incapacitated person of which the guardian has knowledge. All known encumbrances, liens, and other charges on any item are also stated.

REAL PROPERTY (Give legal description):	**VALUE**
_____	**$**_____
_____	**$**_____
_____	**$**_____
_____	**$**_____
_____	**$**_____
_____	**$**_____
_____	**$**_____
_____	**$**_____
_____	**$**_____
TOTAL:	**$**_____

FURNITURE AND HOUSEHOLD GOODS:	**VALUE**
_____	**$**_____
_____	**$**_____
_____	**$**_____
_____	**$**_____
_____	**$**_____
_____	**$**_____
_____	**$**_____
_____	**$**_____
_____	**$**_____
TOTAL:	**$**_____

CORPORATE STOCK (Give par value, class: dividend rate, if preferred): **VALUE**

_____ **$**_____
_____ **$**_____
_____ **$**_____
_____ **$**_____
_____ **$**_____
_____ **$**_____
_____ **$**_____
_____ **$**_____
_____ **$**_____

TOTAL: **$**_____

MORTGAGES, BOND, NOTES, AND OTHER WRITTEN EVIDENCE OF DEBT
(Provide such details as the date mortgage was recorded, date of note, principal amount, rate of interest, payments made by the borrower): **VALUE**

_____ **$**_____
_____ **$**_____
_____ **$**_____
_____ **$**_____
_____ **$**_____
_____ **$**_____
_____ **$**_____
_____ **$**_____
_____ **$**_____

TOTAL: **$**_____

BANK ACCOUNTS, MONEY, INSURANCE PAYABLE TO ESTATE
(Description): **VALUE**

_____ **$**_____
_____ **$**_____
_____ **$**_____
_____ **$**_____
_____ **$**_____
_____ **$**_____
_____ **$**_____
_____ **$**_____
_____ **$**_____

TOTAL: **$**_____

ALL OTHER PROPERTY (Include partnership interests, etc.):	**VALUE**
_____	**$**_____
_____	**$**_____
_____	**$**_____
_____	**$**_____
_____	**$**_____
_____	**$**_____
_____	**$**_____
_____	**$**_____
_____	**$**_____
TOTAL:	**$**_____

RECAPITULATION	**VALUE**
Value of REAL PROPERTY	**$**_____
Value of FURNITURE & HOUSEHOLD GOODS	**$**_____
Value of CORPORATE STOCK	**$**_____
Value of MORTGAGES, BONDS, NOTES	**$**_____
Value of BANK ACCOUNTS & MONEY	**$**_____
Value of ALL OTHER PROPERTY	**$**_____
TOTAL VALUE OF ALL ASSETS:	**$**_____

I affirm under the penalties for perjury, that the foregoing inventory contains a complete statement of all the assets of the incapacitated person which have come to my knowledge, listed at their fair market value.

/s/_____ _____

Signature Date

_____

Printed Name