

**SUPERIOR COURT OF WASHINGTON
IN AND FOR SNOHOMISH COUNTY**

In the Guardianship of:

_____ **an Incapacitated Person.**

CASE NO. _____

GUARDIANSHIP INVENTORY

GR 3 4-07

The Guardian of the Estate of the above-named person, being first duly sworn, states that the following is a true and correct inventory of the assets and liabilities of the Ward as of the date of appointment of the Guardian.

Instructions: Attach supplemental schedules where space is insufficient. You may use Tax numbers in place of legal descriptions. If some or all assets are COMMUNITY PROPERTY or liabilities are community, state the ward's spouse's name here:

_____ **and check each asset or liability which is community. Community property values and obligations are to be reported in full, not just the ward's share.**

ASSETS

1. Real Estate: (including the address and legal description of the property, and its fair market value) (You may use county tax numbers in lieu of lengthy descriptions and current assessed values)	
<input type="checkbox"/> Check here if community property:	
Description:	
Address:	
Fair market value:	
<input type="checkbox"/> Check here if community property:	
Description:	
Address:	
Fair market value:	
<input type="checkbox"/> Check here if community property:	
Description:	
Address:	
Fair market value:	
<input type="checkbox"/> Check here if community property:	
Description:	
Address:	
Fair market value:	

Instructions: If any accounts are joint accounts with others, please check and state the name(s) of the joint holder. (Includes bank C.D.s)

2. Bank Accounts: (including the bank name, branch, type of account, account numbers, and balance in each account)

- Check here if community property:
 Check here if joint account:

If joint account state the name(s) of the joint holder: _____

Bank name:

Branch:

Type of account:

Account number: (Last 4 digits only)

Balance:

- Check here if community property:
 Check here if joint account:

If joint account state the name(s) of the joint holder: _____

Bank name:

Branch:

Type of account:

Account number: (Last 4 digits only)

Balance:

- Check here if community property:
 Check here if joint account:

If joint account state the name(s) of the joint holder: _____

Bank name:

Branch:

Type of account:

Account number: (Last 4 digits only)

Balance:

- Check here if community property:
 Check here if joint account:

If joint account state the name(s) of the joint holder: _____

Bank name:

Branch:

Type of account:

Account number: (Last 4 digits only)

Balance:

Instructions: In answering 3 and 4 you may indicate a brokerage or investment account being managed for the ward, indicating the name of the broker/manager, its branch, and account number (Last 4 digits only).

3. Stocks:	
<input type="checkbox"/> Check here if community property:	
Description:	
Fair market value:	
<input type="checkbox"/> Check here if community property:	
Description:	
Fair market value:	
<input type="checkbox"/> Check here if community property:	
Description:	
Fair market value:	
<input type="checkbox"/> Check here if community property:	
Description:	
Fair market value:	
<input type="checkbox"/> Check here if community property:	
Description:	
Fair market value:	
<input type="checkbox"/> Check here if community property:	
Description:	
Fair market value:	

4. Bonds and other securities:	
<input type="checkbox"/> Check here if community property:	
Description:	
Fair market value:	
<input type="checkbox"/> Check here if community property:	
Description:	
Fair market value:	
<input type="checkbox"/> Check here if community property:	
Description:	
Fair market value:	
<input type="checkbox"/> Check here if community property:	
Description:	
Fair market value:	
<input type="checkbox"/> Check here if community property:	
Description:	
Fair market value:	
<input type="checkbox"/> Check here if community property:	
Description:	
Fair market value:	

5. Personal Property:	Check if community property:	Value:
Household Furnishings:	<input type="checkbox"/>	
Automobiles/Boats/Vehicles:	<input type="checkbox"/>	
Other: (Please list)		
	<input type="checkbox"/>	

6. Income:	Check if community property:	Amount per month:
Social Security:	<input type="checkbox"/>	
Pension:	<input type="checkbox"/>	
Dividends and Interest:	<input type="checkbox"/>	
Other: (Please list)		
	<input type="checkbox"/>	

LIABILITIES/DEBTS

7. Mortgages, Deeds of Trust, etc: Name and address of each mortgage holder and the total amount owing:	
<input type="checkbox"/> Check here if community liability:	
Name:	
Address:	
Amount owing:	
<input type="checkbox"/> Check here if community liability:	
Name:	
Address:	
Amount owing:	

8. Installment Loans and Notes: Name and address of each loan holder, the amount owing, and the monthly amount due:	
<input type="checkbox"/> Check here if community liability:	
Loan holder name:	
Address:	
Amount owing:	
Monthly amount due:	
<input type="checkbox"/> Check here if community liability:	
Loan holder name:	
Address:	
Amount owing:	
Monthly amount due:	

9. Credit Cards: Name and address of each credit card company, the amount owing, and the monthly amount due:	
<input type="checkbox"/> Check here if community liability:	
<input type="checkbox"/> Check here if joint liability:	
Credit card name:	
Address:	
Amount owing:	
Monthly amount due:	

10. Other liabilities: Name and address of each creditor, basis of liability amount thereof, and whether disputed:	
<input type="checkbox"/> Check here if community liability:	
Creditor Name:	
Address:	
Type of Debt:	
Amount:	
Disputed:	<input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> Check here if community liability:	
Creditor Name:	
Address:	
Type of Debt:	
Amount:	
Disputed:	<input type="checkbox"/> yes <input type="checkbox"/> no

SUMMARY

TOTAL ASSETS: \$ _____
(Add figures reported 1 through 5)

TOTAL LIABILITIES: \$ _____
(Add figures reported 7 through 10)

NET WORTH: \$ _____ *

(Assets less liabilities)

TOTAL MONTHLY INCOME: \$ _____ *

(Add figures reported 6)

***Some or all of the net worth and/or income may be community property. If so, you may address this issue in “comments” below.**

Comments:

I declare under penalty of perjury, as defined by the laws of the Sate of Washington, that the foregoing is true and correct.

Signed at _____, Washington

Dated (mm/dd/yyyy): _____

GUARDIAN: _____
(Signature)

GUARDIAN: _____
(Signature)