

IN THE CIRCUIT COURT, SEVENTH
JUDICIAL CIRCUIT, IN AND FOR
ST. JOHNS COUNTY, FLORIDA

IN RE: THE GUARDIANSHIP OF

Case No.: _____

Division: _____

INITIAL VERIFIED INVENTORY

The undersigned guardian of _____, the ward, files this inventory of all property of the ward that has come into the guardian's possession or knowledge and includes a listing of all encumbrances, liens or other secured claims.

SUMMARY

Please refer to the attached instructions for completing the Initial Verified Inventory. Required documentation must be attached to the Worksheet. Include additional pages, if necessary.

SUMMARY OF ALL ASSETS/LIABILITIES/INCOME/EXPENSES/CAUSES OF ACTION AS OF THE DATE OF THE LETTERS OF GUARDIANSHIP

SCHEDULE A- ASSETS	
Line 1: Cash on Hand	\$
Line 2: Stocks/Bonds/Securities	\$
Line 3: Investments	\$
Line 4: Real Property	\$
Line 5: Personal Property	\$
Line 6: Prepaid Items	\$
TOTAL VALUE OF ALL ASSETS	\$

SCHEDULE B- LIABILITIES	
Line 7: Current Expenses	\$
Line 8: Credit Cards	\$
Line 9: Lines of Credit	\$
Line 10: Loans/Notes	\$
TOTAL LIABILITIES	\$

SCHEDULE C- INCOME	
Line 11: Periodic Income	\$
Line 12: Other Income	\$
TOTAL INCOME	\$

SCHEDULE D- EXPENSES	
Line 13: Periodic Expenses	\$
TOTAL PERIODIC EXPENSES	\$

(Circle one)

SCHEDULE E- PENDING CAUSES OF ACTION	Yes	No
SCHEDULE F- WITNESS TO INVENTORY	Yes	No
SCHEDULE G- CLAIMS AGAINST THE ESTATE	Yes	No
SCHEDULE H- SAFE DEPOSIT BOX	Yes	No
SCHEDULE I- LAST WILL AND TESTAMENT	Yes	No

INITIAL VERIFIED INVENTORY WORKSHEET

SCHEDULE A- ASSETS (See SCHEDULE A. Instructions for detailed information)

Line 1: Cash on Hand (Include all cash on deposit, name/address of institution and account number(s). Attach a separate sheet if necessary.)

Institution Name/Address:	
Account Number:	\$
Institution Name/Address:	
Account Number:	\$
Institution Name/Address:	
Account Number:	\$
Institution Name/Address:	
Account Number:	\$
Institution Name/Address:	
Account Number:	\$
Institution Name/Address:	
Account Number:	\$
TOTAL OF ALL CASH ON HAND	
(Transfer total to Schedule A, Line 1 of Summary Page)	\$

Line 2: Stocks/Bonds/Securities (Include complete description of all stocks/bonds/securities, number of shares, identifying number and current market value. Attach separate sheet if necessary.)

Description/Identifying Number	# of Shares	Current Market Value
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL MARKET VALUE OF STOCKS/BONDS/SECURITIES		
(Transfer total to Schedule A, Line 2 of Summary Page)		\$

Line 3: Investments (Include complete description of all investments, including the name and address of the institution, account or identifying number, and current market value. Attach a separate sheet if necessary.)

Description/Account Number	# of Shares	Current Market Value
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL MARKET VALUE OF INVESTMENTS		
(Transfer total to Schedule A, Line 3 of Summary Page)		\$

Line 4: Real Property (Include complete description of all real property, attach current assessment from Property Appraiser's Office.)

Description	Income Producing		Estimated FMV
	Yes	No	
	Yes	No	\$
	Yes	No	\$
	Yes	No	\$
	Yes	No	\$
Estimated FMV for Income Producing Property			\$
Estimated FMV for Non-Income Producing Property			\$
TOTAL FMV FOR ALL REAL PROPERTY			
(Transfer total to Schedule A, Line 4 of Summary Page)			\$

Line 5: Personal Property (Other than Cash. Include complete description. General household furnishings of nominal value may be shown together. Attach separate sheet if necessary.)

Item	Location	Estimated FMV	Encumbrances	
			Yes	No
		\$	Yes	No
		\$	Yes	No
		\$	Yes	No
		\$	Yes	No
General Household Furnishings:				
		\$	Yes	No
TOTAL FMV FOR ALL PERSONAL PROPERTY				
(Transfer total to Schedule A, Line 5 of Summary Page)			\$	

Line 6: Prepaid Expenses (Include a complete description and dollar value of all items prepaid on behalf of the ward. Attach separate sheet if necessary.)

	\$
	\$
	\$
	\$
TOTAL DOLLAR VALUE FOR ALL PREPAID EXPENSES (Transfer total to Schedule A, Line 6 of Summary Page)	\$

SCHEDULE B- LIABILITIES (See Schedule B. Instructions for detailed information)

Line 7: Current Expenses (Include a complete description of all outstanding obligations. Attach separate sheet if necessary.)

Institution	Authorized Names & Relationship	Account No.	Account Type	Credit Line	Balance Owed
				\$	\$
				\$	\$
				\$	\$
				\$	\$
TOTAL OF ALL EXPENSES (Transfer total to Schedule B, Line 7 of Summary Page)				\$	

Line 8: Credit Cards (Attach separate sheet if necessary.)

Institution	Authorized Names & Relationship	Account No.	Account Type	Credit Line	Balance Owed
				\$	\$
				\$	\$
				\$	\$
				\$	\$
TOTAL BALANCE OWED ON ALL CREDIT CARDS					
(Transfer total to Schedule B, Line 8 of Summary Page)				\$	

Line 9: Lines of Credit (Attach separate sheet if necessary.)

Institution	Authorized Names & Relationship	Account No.	Account Type	Credit Line	Balance Owed
				\$	\$
				\$	\$
				\$	\$
				\$	\$
TOTAL BALANCE OWED ON ALL LINES OF CREDIT					
(Transfer total to Schedule B, Line 9 of Summary Page)				\$	

Line 10: Loans/Notes (Include all outstanding loans/notes, name and address of payee, account number and dollar amount owing. Attach separate sheet if necessary.)

Loan/Note	Name & Address of Payee	Account No.	Dollar Amount Owed
			\$
			\$
			\$
			\$
TOTAL OF ALL OUTSTANDING LOANS/NOTES (Transfer total to Schedule B, Line 10 of Summary Page)			\$

SCHEDULE C- INCOME (See Schedule C. Instructions for detailed information.)

Line 11: Periodic Income (Include complete description of all sources, name of payer, frequency and amount of payments. Attach separate sheet if necessary.)

Source	Name of Payer	Frequency of Payments	Amount of Payments
			\$
			\$
			\$
			\$
TOTAL OF ALL PERIODIC INCOME (Transfer total to Schedule C, Line 11 of Summary Page)			\$

Line 12: Other Income (Include complete description of all sources, name of payer, frequency and amount of payments. Attach separate sheet if necessary.)

Source	Name of Payer	Frequency of Payments	Amount of Payments
			\$
			\$
			\$
			\$
TOTAL OF ALL OTHER INCOME			
(Transfer total to Schedule C, Line 12 of Summary Page)			\$

SCHEDULE D- EXPENSES (See Schedule D. Instructions for detailed information.)

Line 13: Periodic Expenses (Include complete description of expenses, frequency and amount of payment. Attach separate sheet if necessary.)

Name & Address of Payee	Type of Payment	Frequency of Payments	Amount of Payments
			\$
			\$
			\$
			\$
TOTAL OF ALL PERIODIC EXPENSES			
(Transfer total to Schedule D, Line 13 of Summary Page)			\$

SCHEDULE E- PENDING CAUSES OF ACTION (See Schedule E. Instructions for detailed information.)

Type of Action/State/County/Case No.	Status

SCHEDULE F- WITNESSES (See Schedule F. Instructions for detailed information.)

Name	Address	Occupation

SCHEDULE G- CLAIMS AGAINST ESTATE (See Schedule G. Instructions for detailed information.)

A. Secured:

Creditor	Description of Debt	Description of Security	When Occurred	Amount
				\$
				\$
				\$
TOTAL OF SECURED CLAIMS				
(Refer to Schedule G of Summary Page)				
				\$

B. Unsecured

Creditor	Description of Debt	Description of Security	When Occurred	Amount
				\$
				\$
				\$
TOTAL OF UNSECURED CLAIMS				
(Refer to Schedule G of Summary Page)				\$

SCHEDULE H- SAFE DEPOSIT BOX (See Schedule H. Instructions for detailed information.)

Contents of Safe Deposit Box, as listed on Safe Deposit Box Inventory, are shown in applicable categories under Assets, Schedule A.

Yes No (circle one)

(Refer to **Schedule H.** of Summary Page.)

SCHEDULE I- LAST WILL AND TESTAMENT (See Schedule I. Instructions for detailed information.)

Yes No (circle one)

If yes, the location of the Last Will and Testament is:

(Refer to **Schedule I.** of Summary Page.)

TRUST INFORMATION		
Does the ward have one or more Trusts?	Yes	No
Was the Trust created after the Guardianship Inception Date?	Yes	No
If the answer to above is “No”, we request that you voluntarily provide the trust information.		
Name of the Trust		
Name of the Trustee		
Trustee Account No.		
Date Trust created		
Type of Trust		
Ward’s percentage interest in the Trust		
Amount of the Trust	\$	

BOND CALCULATION		
Bond calculation consists of liquid assets: all cash, personal property or intangible assets. Only real property is not considered liquid.		
Cash assets in RESTRICTED depository		\$
Other liquid assets- intangible assets RESTRICTED		\$
Cash assets NOT in a restricted depository	\$	
Other liquid assets- personal property assets	\$	
Other liquid assets- intangible assets	\$	
Total for BOND REQUIREMENT		\$

BOND REQUIREMENT			
Guardianship bond amount should be the amount of all liquid assets less those in a restricted depository or frozen account.			
BOND AMOUNT			\$
Bond Period	From:		To:
Name of Bonding Company			

**PLEASE ATTACH
BANK
STATEMENT(S)
THAT SUPPORT THE
BALANCE FOR
EACH ACCOUNT AS
OF THE DATE OF
THE LETTERS OF
GUARDIANSHIP**

An audit fee of \$85.00, as required by FL. Stat. §744.365(6)(a), must be included at the time the Initial Guardianship Plan and Inventory are filed if the ward's property exceeds \$25,000.00.

The undersigned Guardian (or Co-Guardians) certifies that the Guardian(s) has obtained a receipt or cancelled check for all expenditures and disbursements made on behalf of the ward, which the Guardian will preserve along with other substantiating papers for a three (3) year period after discharge of the Guardian, and will upon request be made available for inspection as the Court may order. (per FL. Stat. §744.3678(3).)

Under penalties of perjury, I declare that I have read and examined the foregoing initial inventory and that, to the best of my knowledge and belief, it constitutes a full and correct account of all the Ward's property of which the Guardian has control, is a complete report of all cash and property as of the date the Letters of Guardianship was signed, and includes an account statement for each account on deposit or invested at a financial institution as of the date the Letters of Guardianship was signed.

Attorney for Guardian

Guardian (Signature)

Florida Bar No.

Guardian (Print)

Address (Line 1)

Co-Guardian (Signature)

Address (Line 2)

Co-Guardian (Print)

City State Zip

Telephone No.