

STATE OF NORTH DAKOTA
COUNTY OF _____

IN DISTRICT COURT
_____ JUDICIAL DISTRICT

**IN THE MATTER OF THE GUARDIANSHIP OF _____,
AN INCAPACITATED INDIVIDUAL**

Case No. _____

BEGINNING INVENTORY REPORT

Address of Ward: _____

City, State Zip: _____

Ward's age: _____ Ward's phone number: _____

Guardian(s) or Conservator: _____

Address: _____

City, State Zip: _____

Phone and email: _____

1) As the named guardian or conservator for the above ward, I am/we are required to marshal the assets and provide a beginning inventory report within ninety (90) days of the order appointing me/us as guardian or conservator. Following is an inventory of all assets owned by the ward or in which the ward has an interest, so far as is known to me/us, the guardian or conservator. Additional pages are attached if needed. (*Fillable forms and instructions are available at www.ndcourts.gov by clicking on the "Legal Self Help & Forms" link.*)

2) Cash, checking accounts:

Description	Value or Balance	Location

3) Savings accounts, other bank accounts, and investments:

Description	Value or Balance	Location

4) Real estate and physical assets:

Description	Value	Location

5) Personal property:

Description	Value	Location
Household goods and personal property		
Other (describe):		

6) Other assets:

Description	Value or Balance	Location

Total of all assets for Paragraph 2-6: (also enter on line 9)	\$ _____
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7) Mortgages, loans, and liens on property:

Description	Value or Balance	Location

8) Other creditors, debt and unpaid bills:

Description	Value or Balance	Location

Total of all debt/liabilities for Paragraphs 7-8: (also enter on line 10)	\$ _____
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9) Total of all assets: \$ _____

10) Subtract the total of all debt: \$ _____

11) **Equals total estate value:** \$ _____

12) Comments or explanations of items in the estate: _____

13) I declare, under penalty of perjury under the law of North Dakota, that everything I stated in this Beginning Inventory Report is true and correct.

Signed on _____ (date) in _____ (city),
_____ (county), _____ state), _____ (country).

(Signature of Guardian or Conservator)

(Printed Name of Guardian or Conservator)

(Address) (City, State, Zip Code)

(Telephone Number) (Email Address)

(Use for co-guardian. If no co-guardian, write "N/A" on signature line.)

I declare, under penalty of perjury under the law of North Dakota, that everything I stated in this Beginning Inventory Report is true and correct.

Signed on _____ (date) in _____ (city),
_____ (county), _____ state), _____ (country).

(Signature of Co-Guardian)

(Printed Name of Co-Guardian)

(Address) (City, State, Zip Code)

(Telephone Number) (Email Address)

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_____.

Case No. _____

CONFIDENTIAL INFORMATION FORM

The information on this form is confidential and must not be placed in a publically accessible portion of a file. Social security numbers and birthdates aren't required for company employees – list the company's contact information.

FULL INFORMATION

REDACTED INFORMATION

WARD:

Name: _____

Date of Birth: _____

Social Security #: _____

Year of Birth: _____

XXX-XX-_____

GUARDIAN:

Name: _____

Date of Birth: _____

Social Security #: _____

Year of Birth: _____

XXX-XX-_____

CO-GUARDIAN:

Name: _____

Date of Birth: _____

Social Security #: _____

Year of Birth: _____

XXX-XX-_____

FINANCIAL ACCOUNT NUMBERS:

Name of Account: _____

Account Number: _____

Last 4 Digits: _____

Name of Account: _____

Account Number: _____

Last 4 Digits: _____

Name of Account: _____

Account Number: _____

Last 4 Digits: _____

FULL INFORMATION

REDACTED INFORMATION

FINANCIAL ACCOUNT NUMBERS:

Name of Account: _____

Account Number: _____

Last 4 Digits: _____

Name of Account: _____

Account Number: _____

Last 4 Digits: _____

Name of Account: _____

Account Number: _____

Last 4 Digits: _____

Name of Account: _____

Account Number: _____

Last 4 Digits: _____

Name of Account: _____

Account Number: _____

Last 4 Digits: _____

Name of Account: _____

Account Number: _____

Last 4 Digits: _____

TAXPAYER ID NUMBER:

Name: _____

ID Number: _____

Last 4 Digits: _____

Dated _____

(Signature)

(Printed Name)

(Address)

(City, State, Zip Code)

(Telephone Number)

(Email)

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DECLARATION OF SERVICE BY MAIL

(May serve multiple persons ONLY IF envelopes are mailed same day from same Post Office.)

The person serving court documents by mail states:

1. My name is _____ *(name of person who mailed documents)*. I am at least 18 years of age.

2. **List of Court Documents Served** *(checkmark the box of each item served. If you have additional documents, checkmark the box and list the document):*

Beginning Inventory Report

3. **Service by Mail:**

I served a true and correct copy of each of the court documents listed in Paragraph 2 by mailing them, enclosed in an envelope, by Certified Mail *(OR)* First-Class mail *(choose one)*, postage prepaid, and by depositing them in the United States Mail, directed to each person listed in Paragraph 5.

4. **Date and Post Office Location of Service by Mail:**

Date Court Documents Were Served by Mail: _____

United States Post Office Location:

(city)

(county)

(state)

5. **Person or Persons Served by Mail:**

1. Name of Person Served: _____
Mailing Address: _____
City, State, Zip Code: _____
2. Name of Person Served: _____
Mailing Address: _____
City, State, Zip Code: _____
3. Name of Person Served: _____
Mailing Address: _____
City, State, Zip Code: _____
4. Name of Person Served: _____
Mailing Address: _____
City, State, Zip Code: _____

6. I declare, under penalty of perjury under the law of North Dakota, that everything I stated in this Declaration of Service by Mail is true and correct.

Signed on _____ (date) in _____ (city),
_____ (county), _____ state), _____ (country).

(Signature)

(Printed Name)

(Address) (City, State, Zip Code)

(Telephone Number) (Email Address)

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DECLARATION OF SERVICE BY HAND DELIVERY

(A separate declaration is required for each person served.)

The person serving court documents by hand delivery states:

1. My name is: _____ *(name of person who hand delivered documents).*

2. I am at least 18 years of age. I am **not a party or** interested in the above named civil matter.

3. **List of Court Documents Served (List of Court Documents Served:**

(Checkmark the box of each item served. If you have additional documents, checkmark the box and list the document.)

Beginning Inventory Report

4. **Date, Time, and Address of Service by Hand Delivery:**

Date: _____ Time: _____ a.m. (or) p.m.

Address:

(street address)

(city)

(zip code)

5. **Service by Hand Delivery:**

As required by Rule 5(b)(3) of the North Dakota Rules of Civil Procedure, I served a true and correct copy of each of the court documents listed in Paragraph 3 to _____
_____ (*name of person served*) at the date, time and address listed in Paragraph 4 by handing the court documents directly to him/her. I know the person I served is the person intended to be served because (*explain how you identified the person*): _____

6. I declare, under penalty of perjury under the law of North Dakota, that everything I stated in this Affidavit of Service by Hand Delivery is true and correct.

Signed on _____ (*date*) in _____ (*city*),
_____ (*county*), _____ (*state*), _____ (*country*).

(*Signature*)

(*Printed Name*)

(*Address*) _____ (*City, State, Zip Code*)

(*Telephone Number*) _____ (*Email Address*)