

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/we are required to marshal the ward's assets and provide a beginning inventory report within ninety (90) days of the order appointing me 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 the guardian(s) or conservator. Additional pages are attached if needed. (Fillable forms and instructions are available on the "Self Help" tab at www.ndcourts.gov.)

2) Cash, checking accounts:

Description	Value or Balance	Location

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

Description	Value or Balance	Location

12) Comments or explanations of items in the estate:

13) *By signing below, I/we certify that the asset inventory and debt listing is true and complete to the best of my/our knowledge. A copy of this beginning inventory report has been mailed by first class mail, or hand delivered, to:*

_____ ward on date: _____

_____ ward's attorney on date: _____

_____ co-guardian or conservator on date: _____

_____ these interested person(s): on date: _____

Note before signing: your signature(s) must be notarized. (A notary public is available at your district courthouse.)

Guardian: _____

Signature: _____ Date: _____

Guardian: _____

Signature: _____ Date: _____

For notary public:

State of _____

County of _____

Signed [or attested] before me on _____ by _____
(Date) (Individual(s) making statement)

Signature of notarial officer

[Stamp]