

State of North Dakota

In District Court

County of _____

_____ Judicial District

In the Matter of the Guardianship of

_____.

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 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 ndcourts.gov/legal-self-help in the "Guardianships and Conservatorships" section.)*

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: combine all general personal property, such as clothing, appliances, furniture, and housewares, and provide an estimated total for this group of assets. List high value items separately, such as jewelry, art, or antiques.

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) \$ _____

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 ward's 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 or co-conservator. If none, write or type "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 or Co-Conservator)

(Printed Name of Co-Guardian or Co-Conservator)

(Address) (City, State, Zip Code)

(Telephone Number) (Email Address)

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Confidential Information Form

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

Full Information

Redacted Information

Ward:

Name: _____

Date of Birth: _____

Social Security #: _____

Year of Birth: _____

XXX-XX-_____

Guardian:

Name: _____

Date of Birth: _____

Social Security # or
Tax Payer ID #: _____

Year of Birth: _____

XXX-XX-_____

Conservator:

Name: _____

Date of Birth: _____

Social Security # or
Tax Payer ID #: _____

Year of Birth: _____

XXX-XX-_____

Co-Guardian/Co-Conservator:

Name: _____

Date of Birth: _____

Social Security # or
Tax Payer ID #: _____

Year of Birth: _____

XXX-XX-_____

If you included financial account numbers on the Beginning Inventory Report, make sure only the last 4 digits appear on the Report. List the full financial account information below for each financial account number you included on the Report. If you didn't include any financial account numbers on the Report, write or type "Not Applicable" on the first line below.

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: _____

Dated _____

Dated _____

(Guardian Signature)

(Co-Guardian Signature)

(Guardian Printed Name)

(Co-Guardian Printed Name)

(Guardian Address)

(Co-Guardian Address)

(Guardian City, State, Zip Code)

(Co-Guardian City, State, Zip Code)

(Guardian Telephone Number)

(Co-Guardian Telephone Number)

(Guardian Email)

(Co-Guardian Email)

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Contact Information Form

The Guardian must mail copies of the beginning inventory report to the conservator, if any, the Ward, and all interested persons listed in the court order appointing the guardian. Review your court order and list the name, relationship to the Ward, address, phone number, and email of every interested person listed. Attach additional pages if needed.

Ward's Name	Address, Phone Number & Email
Guardian's/Co-Guardian's Name	Address, Phone Number & Email
Conservator's/Co-Conservator's Name	Address, Phone Number & Email
Interested Person Name & Relationship	Address, Phone Number & Email

Interested Person Name & Relationship	Address, Phone Number & Email

Dated _____

(Signature)

(Printed Name)

(Address)

(City, State, Zip Code)

(Telephone Number)

(Email Address)

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Declaration of Service by Mail

*(May serve multiple persons **only if** envelopes are mailed same day.)*

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 name of the document):*

Beginning Inventory Report

Contact Information Form

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 First-Class mail, postage prepaid, and by depositing them in the United States Mail, directed to each person listed in Paragraph 5.

4. **Date of Service by Mail:**

Date Court Documents Were Served by Mail: _____

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)