

STATE OF NORTH DAKOTA
COUNTY OF _____

IN DISTRICT COURT
JUDICIAL DISTRICT

IN THE MATTER OF THE CONSERVATORSHIP OF

_____, **A PROTECTED INDIVIDUAL**

Case No. _____

Beginning Inventory Report

Address of Individual: _____

City, State Zip: _____

Individual's age: _____ Phone number: _____

Conservator: _____

Address: _____

City, State Zip: _____

Phone and email: _____

1) As the named conservator for the above protected person, I am required to marshal the assets and provide a beginning inventory report within ninety (90) days of the order appointing me as conservator. Following is an inventory of all assets owned by the individual, or in which the individual has an interest, so far as is known to the 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

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: (also enter on line 9) \$ _____

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: (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 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:*

protected individual on date: _____

individual'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.)

Conservator: _____

Signature: _____ Date: _____

Conservator: _____

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]

IN THE MATTER OF THE CONSERVATORSHIP OF _____,

A PROTECTED INDIVIDUAL

Case No. _____

***The information on this form is confidential and must not be placed
 in a publicly accessible portion of a file.***

Confidential Information Form

Social Security numbers and birthdates are not required for employees of corporate guardianship or conservatorship companies; please report the company's contact information.

	NAME	BIRTHDATE, ADDRESS, and PHONE
Protected person		
Social Security Number:		
Conservator		
Social Security Number:		
Guardian or Conservator		
Social Security Number:		
	NAME	RELATIONSHIP, ADDRESS, and PHONE
Interested Person		
Interested Person		
Interested Person		
Interested Person		
Interested Person		

 Conservator's signature

 Date