

STATE OF NORTH DAKOTA  
COUNTY OF \_\_\_\_\_

IN DISTRICT COURT  
JUDICIAL DISTRICT

**IN THE MATTER OF THE GUARDIANSHIP OR CONSERVATORSHIP OF**  
\_\_\_\_\_, **A PROTECTED INDIVIDUAL**

Case No. \_\_\_\_\_

**Ending 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, I am responsible for maintaining the assets while the protected individual's estate is in transition. Following is a list of all assets and liabilities owned by the individual, or in which the individual has an interest; additional pages are attached if needed. (Fillable forms and instructions are available at [www.ndcourts.gov](http://www.ndcourts.gov) on the Self Help tab.)

**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) **Assets disposed of** since my last report to the court:

Asset Description and reason for disposal	Date of Disposal	Amount Received

13) Comments on the protected person's estate: include reasons why assets were disposed of, or why new assets were received, and explain new debt. (Attach additional pages as needed.)

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14) *By signing below, I/we certify that the asset and debt inventory is true and complete to the best of my/our knowledge. Additionally, I/we certify that (check one option below):*

a) **In cases where the court returns financial authority to the protected individual:**

*I have surrendered titles, invoices, receipts, insurance policies, bank and financial statements, and all other papers and assets in this estate to the protected individual on (date): \_\_\_\_\_.*

b) **In cases where financial authority has been transferred to a successor:**

*I have surrendered titles, invoices, receipts, insurance policies, bank and financial statements, and all other papers and assets in this estate to the successor.  
Transferred to: \_\_\_\_\_  
On (date): \_\_\_\_\_*

c) **In cases where the protected individual has passed away:**

*I will surrender titles, invoices, receipts, insurance policies, bank and financial statements, and all other papers and assets in this estate as the court directs.*

*A copy of this 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