

**IN THE CIRCUIT COURT FOR THE 14TH CIRCUIT, STATE OF FLORIDA
GUARDIANSHIP, PROBATE AND MENTAL HEALTH DIVISION**

IN RE: THE GUARDIANSHIP OF

CASE NO.: _____-GA

(Name of Ward)

Please circle guardianship type: Plenary Limited Minor Voluntary

**VERIFIED INVENTORY OF GUARDIAN rvd 2/16
(Initial Guardianship Report of Guardian of the Property)**

_____, the Guardian of the property of _____ (the ward), files this verified inventory of guardian as the Initial Guardianship Report listing all property of the ward that has come into the guardian's possession or knowledge, including all encumbrances. The value of the property is as of the date the Guardianship Letters were issued.

References: Florida Statute 744.365 and Rule 5.690

REAL ESTATE			
Description and Location of Property	Percent of Ownership	Estimated Fair Market Value	Estimated Amount of Encumbrances, Liens, or Security Interest
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Estimated Value of Real Estate	\$ _____
Less: Encumbrances	\$ _____
Estimated Net value of Real Estate	\$ _____

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Important Note: Please attach a copy of the bank statement that shows the account balance as of the date the Letters of Guardianship were signed, for each account. In the alternative, a letter from the bank with a bank official's signature and business card attached, which states the asset amount as of the date Letters of Guardianship were signed, may be provided for each account.

CASH, STOCK, BONDS			
Name of Institution or Bank	Type of Asset	Ward's Percent of Ownership	Value (amount) of Asset (Ward's Percentage)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Amount of Cash \$ _____

PERSONAL PROPERTY			
Description and Location of Property	Percent of Ownership	Estimated Fair Market Value	Estimated Amount of Encumbrances, Liens, or Security Interest

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Estimated Value of Personal Property:	\$ _____
Less: Encumbrances:	\$ _____
Estimated Net value of Personal Property:	\$ _____

Total Estimated NET VALUE of ALL PROPERTY \$ _____

(Net Values of Real Property + Personal Property + Cash + any other assets)
 *Important Note: this is the total of all the ward's assets as of the date the Letters of Guardianship were signed.
 This total will be the starting balance of your first Annual Accounting.

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CLAIMS *(outstanding loans owed to the ward and claims against the ward's property)*

Name & Address of Potential Claimant	Basis of Claim	Estimated Amount of the Claim
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

INCOME

Describe Income of the ward, Include Name and Address of Payer	Type of Income	Frequency	Amount of Payment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LAWSUITS:

The Ward has the right to sue on the following causes of action:

(NOTE: If funds have not been or were not received **as of the date Letters of Guardianship were signed**, only show claim here. DO NOT show as a received asset until the First Annual Accounting)

Description of Lawsuit & court address	Date of occurrence	Estimated amount of the claim
_____	_____	_____
_____	_____	_____

AUDIT FEE MUST BE ATTACHED TO THIS REPORT:

If the value of the ward's assets exceeds \$25,000, the guardian needs to submit an audit fee of \$85.00. **PER F.S. 744.365**

F.S. 744.365- The guardian shall maintain substantiating papers and records sufficient to demonstrate the accuracy of the initial inventory for a period of 3 years after discharge as guardian.

UNDER PENALTIES OF PERJURY

I declare that I have read the foregoing and the facts alleged are true to the best of my knowledge and belief.

Signed on _____ day _____, 20____.

Guardian's Signature

Print Name: _____

Address: _____

Phone Number: (____) ____ - ____

Attorney for Guardian

Print Name: _____

Florida Bar No. _____

Address: _____

Phone Number: (____) ____ - ____

CERTIFICATE OF SERVICE

I certify that a copy of this Initial Inventory has been served on:

1. Name _____ **address** _____

2. Name _____ **address** _____

3. Name _____ **address** _____

This _____ **day** _____ **20** _____

Signature