Name of Person Filing this Document

Mailing Address (Street or P.O. Box)

City, State, ZIP Code

Telephone Number

Email Address (if any)

IN THE DISTRICT COURT

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, STATE OF MONTANA

|  |  |
| --- | --- |
| IN THE MATTER OF THE GUARDIANSHIP OR CONSERVATORSHIP OF:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,  ⬜ an Adult.  ⬜ a Minor. | Case No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  INVENTORY |

**Guidance.**

The purpose of this report is to give the court a summary of the current financial condition of the person under guardianship and/or conservatorship (the “Person”).

Your reports are due as follows:

The first report, called an inventory, is due within ninety (90) days of your appointment as guardian and/or conservator.

The second report, called an accounting, is due within 30 days of the anniversary date of your appointment, covering the first 12 months of your appointment.

An accounting is due every year afterward.

A final accounting is due within 30 days of your resignation, removal, or termination of the appointment.

This report must be signed by the guardian/conservator under penalty of perjury and filed with the court. Copies must be provided to the person under guardianship/ conservatorship, his/her attorney and any other individuals specified by the court. Keep a copy for your records.

**SECTION 1 - Information About The Person Under Guardianship/Conservatorship.**

1. Person’s name:

2. Person’s physical address:

3. Person’s telephone numbers/contact information:

Residence:

Mobile: Work:

Email:

4. What date were you appointed guardian and/or conservator?

\*\*\*\*\*

NOTE: The information you provide below must reflect values and amounts on the date you were appointed.

**SECTION 2 – Assets.**

Please provide information on all the assets of the Person. Assets are anything of value owned by the Person.

1. Cash on hand (not in a financial institution).

⬜ Yes ⬜ No Amount $

2. Bank Accounts.

|  |  |  |
| --- | --- | --- |
| Name of Bank/Institution | Type of Account  (Examples: checking, savings, certificates of deposit, etc.) | Value on Date of Appointment |
|  |  | $ |
|  |  | $ |
|  |  | $ |
| TOTAL | | $ |

3. Investment Accounts.

|  |  |  |
| --- | --- | --- |
| Name of Bank/Institution | Type of Account  (Examples: money market accounts, stocks, bonds, IRAs, 401(k) plan, etc.) | Value on Date of Appointment |
|  |  | $ |
|  |  | $ |
|  |  |  |
| TOTAL | | $ |

4. Life Insurance Policies.

|  |  |  |
| --- | --- | --- |
| Name of Insurance Company | Type of Insurance  (Examples: whole, term or universal, etc.) | Cash Value on Date of Appointment |
|  |  | $ |
|  |  | $ |
|  |  | $ |
| TOTAL | | $ |

5. Real Estate.

|  |  |  |
| --- | --- | --- |
| Address of Property  (List all land and buildings) | Method for Determining Value  (Examples: appraisal, tax assessment, market value, etc.) | Value |
|  |  | $ |
|  |  | $ |
|  |  | $ |
| TOTAL | | $ |

6. Vehicles.

|  |  |
| --- | --- |
| Make, Model, And Year  (List all cars, boats, snow machines, etc.) | Value |
|  | $ |
|  | $ |
|  | $ |
| TOTAL | $ |

7. Other Property Not Listed Above. (Attach additional pages if necessary.)

|  |  |  |
| --- | --- | --- |
| Description of Item or Collection  (Only list items or collections that are worth more than $1,000.00) | Method For Determining Value  (Examples: appraisal, market value, etc.) | Value |
|  |  | $ |
|  |  | $ |
|  |  | $ |
| TOTAL | | $ |

8. Total value of assets listed above. (The Sum of All ‘Totals’ Reported In Section 2.)

|  |  |
| --- | --- |
| SUM TOTAL | $ |

**Section 3 – Debts.**

1. Real Estate Debts.

|  |  |
| --- | --- |
| Address Of Property | Amount Owed on Date of Appointment |
|  | $ |
|  | $ |
|  | $ |
| TOTAL | $ |

2. Other Loans.

|  |  |  |
| --- | --- | --- |
| Lender Name | Purpose of Loan  (Examples: automobile loan or personal payday loan, etc.) | Amount Owed on Date of Appointment |
|  |  | $ |
|  |  | $ |
|  |  | $ |
| TOTAL | | $ |

3. Credit Cards.

|  |  |
| --- | --- |
| Company Name And Address | Amount Owed on Date of Appointment |
|  | $ |
|  | $ |
|  | $ |
| TOTAL | $ |

4. Other Liabilities/Debts.

|  |  |
| --- | --- |
| Description | Amount Owed on Date of Appointment |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| TOTAL | $ |

5. Total amount owed by Person. (The sum of all ‘Totals’ reported in Section 3.)

|  |  |
| --- | --- |
| SUM TOTAL | $ |

**SECTION 4 - Net Estate Value.**

|  |  |
| --- | --- |
| A. Total Assets (reported from Section 2) | $ |
| B. Total Debts (reported from Section 3) | $ |
| C. Net Estate Value (A – B = C) | $ |

7. Explain any relationship between yourself and any of the Person’s creditors.

8. Explain any relationship between the Person and any of the Person’s creditors.

VERIFICATION

I declare under penalty of perjury and under the laws of the State of Montana that all statements and information, above, are true and correct.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Typed/Printed Name

CERTIFICATE OF SERVICE

I certify that on (date) I served a copy to: (name all parties in the case other than yourself)

|  |  |
| --- | --- |
| ⬜ Person  By Mail  (Name)  By fax to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Street or Post Office Address) (number)  By personal delivery  (City, State, and Zip Code)    ⬜ Attorney or Guardian ad Litem  By Mail  (Name)  By fax to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Street or Post Office Address) (number)  By personal delivery  (City, State, and Zip Code)  By Mail  (Name)  By fax to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Street or Post Office Address) (number)  By personal delivery  (City, State, and Zip Code)  By Mail  (Name)  By fax to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Street or Post Office Address) (number)  By personal delivery  (City, State, and Zip Code)  By Mail  (Name)  By fax to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Street or Post Office Address) (number)  By personal delivery  (City, State, and Zip Code) | * By mail * By fax (number) * By personal delivery * By mail * By fax (number) * By personal delivery * By mail * By fax (number) * By personal delivery * By mail * By fax (number) * By personal delivery * By mail * By fax (number) * By personal delivery |
| Typed/Printed Name | Guardian/Conservator’s Signature |