**IN THE CHANCERY COURT OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COUNTY**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ JUDICIAL DISTRICT**

IN RE: CONSERVATORSHIP FOR CASE NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

INVENTORY REPORT

On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the Court appointed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to serve as conservator for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The attached Exhibit A is an inventory of the estate. The inventory totals are as follows:

**Total Assets** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Debts and Liabilities** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Estimated Annual Receipts and Income** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Estimated Annual Expenses** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unless waived by the Court, an inventory is due on or before \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (one year from the date of the order appointing the conservator). Respectfully submitted,

|  |  |
| --- | --- |
| By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Conservator’s Name  | By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Attorney’s Name and Bar No. AddressPhoneEmail |

CERTIFICATE OF SERVICE

I certify that on this date, I served a copy of this inventory report as set forth in § 93-20-420(2) to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(method of service).

This the \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_.

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

 Attorney’s Name

General Information

Ward’s Contact Information

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:

Address:

(Include name of living center or nursing home, if applicable)

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip Code:

Phone: Residence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell

Email:

Last four digits of Social Security No.

**Spouse and Family Contact Information**

Spouse Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:

Address:

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip Code:

Phone: Residence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell

Email:

Child Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:

Address:

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip Code:

Email:

Child Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:

Address:

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip Code:

Email:

Child Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:

Address:

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip Code:

Email:

Child Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:

Address:

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip Code:

Email:

Exhibit A

Conservator’s Contact Information

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Ward:

Address:

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip Code:

Phone: Residence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell

Email:

Last four digits of Social Security No.

**Other Information**

Please provide the following:

(1) Has a conservator been appointed for the estate? □ Yes □ No
If yes, provide the conservator’s name, address, and phone number.

(2) Do you believe the estate’s assets are sufficient to provide for the ward’s present and future care? □ Yes □ No
Please explain as needed.

(3) Please list anything of significant value which the conservator, any individual who resides with the conservator, or the spouse, parent, child, or sibling of the conservator has received from a person providing goods or services to the ward.

(4) Please disclose any business dealings the conservator has with a person the conservator has paid or that has benefitted from the property of the ward.

 (5) Is any co-conservator or successor conservator appointed to serve when a designated event occurs alive and able to serve? □ Yes □ No
If yes, please state that person’s name.

(6) Unless bond either has been waived or is not required, state the amount and attach a copy of the bond to the inventory.

(7) Do you anticipate filing a supplemental inventory? □ Yes □ No

(8) Please provide any other information you believe the Court should know.

Assets

**Real Property**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Description | County | State | Joint Owner (if any) | Estimated Value |
| Parcel 1 |  |
| Parcel 2 |  |
| Parcel 3 |  |

**Total** $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Automobiles**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Year/Make/Model | V.I.N. | Joint Owner (if any) | Estimated Value |
| Auto 1 |  |
| Auto 2 |  |
| Auto 3 |  |

**Total** $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Checking Accounts/Savings Accounts/Money Market Accounts/Certificates of Deposit**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Bank/Financial Institution/Broker | Acct No. | Joint Owner (if any) | Estimated Value |
| Account 1 |  |
| Account 2 |  |
| Account 3 |  |

**Total** $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Stocks/Bonds/Investments (including retirement and profit-sharing accounts)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  Firm/Institution/Company/Issuer | Acct No./Shares | Joint Owner (if any) | Estimated Value |
| Account 1 |  |
| Account 2 |  |
| Account 3 |  |

**Total** $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Life Insurance/Annuities**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Company | Type of Policy | Joint Owner (if any) | Cash Value |
| Policy 1 |  |
| Policy 2 |  |
| Policy 3 |  |

**Total** $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Property (if worth more than $1,000)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Detailed Description |  | Estimated Value |
| Item 1 |  |
| Item 2 |  |
| Item 3 |  |

**Total** $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Assets** $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Debts and Liabilities

**Secured Debts**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Obligor/Payee | Collateral | Joint Owner (if any) | Approx. Balance |
| Debt 1 |  |
| Debt 2 |  |
| Debt 3 |  |

**Total** $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Unsecured Debts**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Obligor/Payee | Acct. No. | Joint Owner (if any) | Approx. Balance |
| Debt 1 |  |
| Debt 2 |  |
| Debt 3 |  |

**Total** $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Debts and Liabilities** $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated Annual Receipts and Income

|  |  |
| --- | --- |
| Wages |  |
| Social Security |  |
| Interest/Dividends |  |
| Pensions/Retirement Distributions |  |
| Annuity |  |
| Tax Refunds |  |
| Alimony |  |
| Trust Distributions |  |
| Proceeds from Sale of Assets |  |
| Rental Income |  |
| Gifts  |  |
| Disability, Unemployment, or Worker’s Compensation  |  |
| Other Public Assistance |  |
| Other Receipts/Income (please describe)  |  |

**Total** **Estimated Annual Receipts and Income**  $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated Annual Expenses

|  |  |
| --- | --- |
| Legal and Professional Fees |  |
| Income Taxes |  |
| FICA and Medicare Taxes |  |
| Health Insurance |  |
| Other Insurance |  |
| Care Facility/Rent/Mortgage |  |
| Property Taxes  |  |
| Home Repair and Maintenance |  |
| Utilities |  |
| Food and Household Supplies |  |
| Clothing  |  |
| Health Care |  |
| Personal Care |  |
| Child Care |  |
| Auto Expenses |  |
| Education  |  |
| Entertainment, Vacation, Travel |  |
| Gifts  |  |

 **Total** **Estimated Annual Expenses** $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AFFIRMATION

Under penalties of perjury, the undersigned conservator(s) declare(s) that I (we) have read and examined this inventory and that the facts and figures set forth in the summary and attached schedules are true, to the best of my (our) knowledge and belief, and that it is believed to be complete and accurate as far as information permits.

Signed on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_.

|  |  |
| --- | --- |
| By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Conservator’s Name  | By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Attorney’s Name and Bar No. AddressPhoneEmail |