IN THE CHANCERY COURT OF _____ COUNTY

IN RE: CONSERVATORSHIP FOR	Case No.
INVEN	TORY REPORT
On, the	Court appointed to serve as
conservator for T	he 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 a	and Income
Total Estimated Annual Expenses	
Unless waived by the Court, an account	ting is due on or before
(one year from the date of the order appointing	ng the conservator).
	Respectfully submitted,
By: Conservator's Name	By:
Conservator's Name	
	Address
	Phone
	Email

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 nu	rsing home, if applica	uble)		
City:		State:	Zip Code:	
			Cell	
Email:				
Last four digits of Social Secu	urity No			
Spouse and Family Contact	Information			
Spouse Name:			Date of Birth:	
Address:				
City:		State:	Zip Code:	
			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:				

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? \Box Yes \Box No If yes, provide the conservator's name, address, and phone number.

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? \Box Yes \Box No
- (8) Please provide any other information you believe the Court should know.

ASSETS

	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 \$	
				of Deposit
Account 1	Bank/Financial Institution/Broker	Acct No.	Joint Owner (if any)	Estimated Value
_				
Account 1				
Account 1 Account 2				
Account 1 Account 2 Account 3		Acct No.	Joint Owner (if any) Total \$	Estimated Value
Account 1 Account 2 Account 3	Bank/Financial Institution/Broker	Acct No.	Joint Owner (if any) Total \$	Estimated Value
Account 1 Account 2 Account 3	Bank/Financial Institution/Broker	Acct No.	Joint Owner (if any) Total \$ Tit-sharing account	Estimated Value
Account 1 Account 2 Account 3 Stocks/Bonds/In	Bank/Financial Institution/Broker	Acct No.	Joint Owner (if any) Total \$ Tit-sharing account	Estimated Value
Account 1 Account 2 Account 3 Stocks/Bonds/In Account 1	Bank/Financial Institution/Broker	Acct No.	Joint Owner (if any) Total \$ Tit-sharing account	Estimated Value

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. Address Phone Email