

Instructions: Guardian Inventory

A Judgment of Incapacity may direct the filing, usually within ninety (90) days, of an inventory of the estate of the incapacitated person. Always check the Judgment to confirm the deadline for filing as well as who must be served with a copy of the inventory.

The Guardian Inventory form is a three-page document to which additional sheets may be attached if necessary. The caption should be completed to reflect the name of the incapacitated person, the county of the guardianship, and the docket number. If you are the only guardian of the estate, then you alone must date and sign below the certification language. If there is more than one guardian of the estate, then all such guardians must date and sign the certification.

Below the lines for signatures is a section for "RECAPITULATION" in which the information set forth in the following schedules is restated to provide an overview of the inventory. As noted at the bottom of page 1, the inventory must list all assets, regardless of whether such assets are located in New Jersey or out-of-state. The inventory must be completed as to all schedules, and the proper entry for any schedule without corresponding assets is "NONE".

Specific instructions are provided as to each schedule included in the inventory. You should follow these directions carefully and attach additional pages as needed. If you are handling a complex and/or highly valuable guardianship estate, then you may wish to consult with an attorney or an accountant to assist you in completing the Inventory Form. Even if you retain a professional for assistance, the inventory must be filed by the guardian(s) personally and not by the attorney or accountant.

Note that Schedule A - Real Property, and Schedule B - Stocks, Bonds, Mutual Funds, Securities and Investment Accounts, include two (2) columns for valuation. For real property, you are asked to provide both the municipal tax assessed value and the market value. For Schedule B, you are asked to provide face value, if applicable, and market value. Some assets, like bonds, will have both a face value and a market value. For those assets, list both the face value and market value. Other assets will only have a market value. To calculate the totals for these schedules, add together the market value amounts. Market value may be estimated rather than based upon a new appraisal. For further information, see the *Frequently Asked Questions* (FAQ) section.

At the bottom of page 3 is a certification of service which must be completed prior to filing. In general, the inventory must be served by the guardian(s) on all interested persons listed in the verified complaint for guardianship, as well as any parties who subsequently entered an appearance in the action. You should check the Judgment to determine if you are required to serve the inventory on anyone else. The Judgment may also specify how service should be effectuated (i.e., certified mail). Remember that when you file the original inventory, you must pay a fee of \$5/page to the Surrogate.

Guardian Inventory Form

Notice to Interested Parties: Interested parties should act to protect the welfare and/or finances of an adult incapacitated person under legal guardianship. Within the time and in the manner provided by law, interested parties may file a motion to object to actions taken by the guardian or to seek review of the guardianship. Although some guardianship reports are subject to review by authorized Judiciary and/or Surrogate personnel, interested parties remain responsible for requesting court review as to any misstatements or misconduct by a guardian.

In the Matter of the Estate of,

_____,
an Incapacitated Person

Superior Court of New Jersey
Chancery Division - Probate Part
County of _____
Docket No. _____

Guardianship Estate Inventory

Within ninety days (90) following appointment, the guardian(s) of the estate shall file an original inventory with the Surrogate, as Deputy Superior Court Clerk, Chancery Division, Probate Part, and serve a copy of the inventory on the interested persons named in the verified guardianship complaint and those who subsequently appeared in the action or to whom the court directs.

The Guardian(s) of the Estate hereby certify and say:

The following schedules contain a complete and accurate inventory and valuation of all real and personal property of this estate, so far as the undersigned is informed. I/we certify that the foregoing statements made by me/us are true, to the best of my/our knowledge, and that I/we will supplement this form as may be necessary should additional information become available. I/we am/are aware that if any of the foregoing statements made by me/us are willfully false, I/we am/are subject to punishment.

Date _____

Signature _____

Print Name _____

Date _____

Signature _____

Print Name _____

Recapitulation

Schedule A - Real Property	\$ _____
Schedule B - Stocks, Bonds, Mutual Funds, Securities and Investment Accounts	\$ _____
Schedule C - Cash, Bank Accounts, Notes Due	\$ _____
Schedule D - Pensions, Retirement Accounts, Annuities, Profit Sharing Plans	\$ _____
Schedule E - Miscellaneous Personal Property	\$ _____
Gross Value	\$ _____
Schedule F - Encumbrances	\$ (_____)
Total Net Estate	\$ _____
Schedule G - Annual Income	\$ _____

Note: When completing the following schedules, please list all assets, regardless of its location. All out-of-state assets must be disclosed. Enter "NONE" for schedules without corresponding assets.

SCHEDULE A - Real Property. All interests in real property including real property held in common or jointly with other and, if held jointly, describe the interest. If none, so state.

Item No.	Description: Address (include county and state)	Municipal Tax Assessed Value	Market Value
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Total Schedule A (also enter under recapitulation, page 1) \$ _____

SCHEDULE B - Stocks, Bonds, Mutual Funds, Securities and Investment Accounts. Include all interests in stocks, bonds, mutual funds, securities and investment accounts including interests held in common or jointly with other(s) or in trust, and, if held jointly, describe the interest. If none, so state.

Item No.	Description (include name of financial institution, account type, number of shares or last four digits of account and date value fixed.)	Face Value	Market Value
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Total Schedule B (also enter under recapitulation, page 1) \$ _____

SCHEDULE C - Money on hand, checking and savings accounts and certificates of deposit in banks and notes or other indebtedness due the incapacitated person. If none, so state.

Item No.	Description (include name of financial institution, account type, last four digits of accounts and date value fixed.)	Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Total Schedule C (also enter under recapitulation, page 1) \$ _____

SCHEDULE D - Pensions, retirement accounts (IRA's, 401(k), annuities, profit sharing plans *et cetera*). Include last four digits of account. If none, so state.

Item No.	Description (include name of financial institution, account type, last four digits of accounts and date value fixed.)	Value
_____	_____	\$ _____
_____	_____	\$ _____

Total Schedule D (also enter under recapitulation, page 1) \$ _____

SCHEDULE E - Miscellaneous Personal Property - (tangible personal property, motor vehicles, recreation vehicles, employment bonus or award, interest in a partnership or unincorporated business, articles or collections having either artistic or intrinsic value, *et cetera*) If none, so state.

Item No.	Description	Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Total Schedule E (also enter under recapitulation, page 1) \$ _____

SCHEDULE F - Liabilities/ Encumbrances. If any asset listed in this Inventory has a secured associated debt, such as a mortgage or a car loan, indicate below. List all other debts. If none, so state.

Item No.	Description	Encumbrance Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Total Schedule F (also enter under recapitulation, page 1)		\$ _____

SCHEDULE G - All Sources of Income

Item No.	Description	Annual Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Total Annual Income (also enter under recapitulation, page 1)		\$ _____

Service

I certify that on _____, a copy of this inventory was served on each of the following interested parties (e.g., incapacitated person's spouse, parents, siblings and children, *et cetera*):

Name of Person Served this Document	Relationship to Incapacitated Person	Address	Manner of Service (U.S. Mail, Personal Service)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____