

Instructions - Report of Guardian Cover Page

All guardians required to file periodic reports must complete the Report of Guardian Cover Page. This is a one-page document to which the appropriate report(s) will be attached.

The date of appointment should be filled in prior to the first numbered paragraph, even if the reporting period is not aligned with that date (i.e., if reporting is required quarterly). The start date and end date of the reporting period must be stated in the caption. Make sure to select appropriately as to the nature of your guardianship: Guardian of Person, Guardian of Estate, or Guardian of Both Person and Estate. This selection will guide you in choosing the appropriate reporting form(s) to attach to the Cover Page.

You must file the original report with the Surrogate and serve copies of the report on the interested parties. Remember that there is a fee of \$5/page for all documents filed with the Surrogate, including the Cover Page. In terms of service, you should consult the Judgment to see if any particular method of service is required (i.e., by certified mail). If nothing is stated in the Judgment, then use your discretion as to the method of service.

The term "Interested Parties" (or parties-in-interest) includes the nearest of kin of the incapacitated person, meaning those relatives served with notice of the underlying guardianship action, including any relatives identified or located after the filing of the complaint and prior to entry of the judgment. Note that a child of an incapacitated person need not be served during minority but must be served upon reaching the age of eighteen (18) years, even if such child was a minor at the time of the guardianship proceeding and therefore not listed as an interested party in the verified complaint. Interested parties may also include any agent(s) appointed pursuant to a power of attorney or advance directive, as well as the director of a residential care facility having custody of the incapacitated person, and/or the attorney appointed for the incapacitated person in the guardianship action. If an interested party is under a guardianship or has died, then this should be noted in the certification of service section of the applicable report(s).

Report of Guardian Cover Page

Superior Court of New Jersey
Chancery Division - Probate Part

County of _____
Docket No. _____

In the Matter of the Report of

_____, Guardian for
_____, an Incapacitated Person.

Civil Action
Guardian's Report
for the Period

_____ to _____

Initial Report Amended Report

This report must be filed by every Guardian on the anniversary date of your appointment, which is _____, unless the Judge otherwise specifies. File the original with the Surrogate and send a copy to the parties-in-interest.

1. Guardian's Current Information

Street address: _____

City: _____ State: _____ Zip: _____

Include mailing address, if different

Mailing address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone Number: _____ Evening Telephone Number: _____

Select one: Guardian of Person Guardian of Estate Guardian of Both Person and Estate

Guardian's relationship to the Incapacitated Person? _____

2. Incapacitated Person's Current Information: does he/she reside with the guardian? Yes No

If No, complete the incapacitated person's residency information below. If Yes, continue to #3.

A. Incapacitated Person's address: If the incapacitated person lives in a residential facility, include the name of the Director or person responsible for the incapacitated person's care.

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Contact Name: _____ Telephone Number: _____

B. State the average number of visits you or your designee made to the Incapacitated Person during _____ the period:

3. Identify all Guardianship responsibilities (check all that apply):

- Manage financial affairs Provide necessities Feed Take on outings
- Provide transportation Housekeeping Bathe Provide continuous care

List all other responsibilities assumed: _____

4. State if you believe the guardianship should continue? Yes No

State reason: _____

5. Are any modifications or adjustments needed in the guardianship? Please describe:

Instructions - Report of Well Being

If you are a guardian of the person, you will file the Report of Well-Being. This is a two-page document with ten (10) questions or requests for information. For any question that cannot be answered fully in the space provided, you should attach additional sheets, writing or typing on only one side of the page. Item 1 requests a description of the incapacitated person's overall situation. This item should be answered either by describing any significant changes in the incapacitated person's physical health, intellectual functioning, emotional health and/or living conditions, or by stating affirmatively that there has been no substantial change in these areas since the prior reporting period. This item should not be left blank even if there has been no change to the incapacitated person's overall situation since the establishment of the guardianship or the filing of the prior report.

Item 2 addresses the incapacitated person's residential setting. If you respond that the current setting is not suitable to the needs of the incapacitated person, then you must explain that response and should specifically state whether the unsuitability is temporary and being addressed (i.e., the incapacitated person's apartment flooded due to a storm, and from _____ to _____ he was placed in alternate housing while the damage was repaired) or an ongoing issue (i.e., the incapacitated person is no longer ambulatory but remains in _____ facility which lacks operational elevators, however, alternate housing has not yet been secured).

Item 3 asks whether suitable social activities are available to the incapacitated person and whether he or she partakes in such activities. Both aspects of this question should be answered taking into consideration the abilities and needs of the incapacitated person.

Item 4 requests information regarding a recent medical evaluation of the incapacitated person. A written statement of an examining professional (i.e., medical doctor (M.D.), doctor of osteopathic medicine (D. O.), etc.) must be attached to the Report of Well-Being. Although the statement need not be in any particular form, it must be legible.

Item 5 requires a list of other professional medical treatment provided to the incapacitated person. If the reporting period is other than a year, then this question should be answered to address the period covered by this report.

Item 6 addresses substantial changes to the incapacitated person's medication. If the incapacitated person is not prescribed any medication, then this should be stated. If there has been no substantial change to the incapacitated person's prescriptions, then you should state "no change to prescriptions." If the incapacitated person is subject to a regimen of over-the-counter medications, then any substantial change in this regard should also be noted.

Item 7 provides for a description of the incapacitated person's treatment plan going forward. For any area that does not apply, you should note "N/A" (not applicable). Examples of additional related services include speech therapy, occupational therapy, therapeutic massage, etc.

Item 8 directs the guardian to assess various areas of the incapacitated person's functioning. Please provide further explanation if you select "Don't Know" for any area.

Item 9 asks if you have investigated eligibility for public benefits to which the incapacitated person may be entitled. If you have investigated all listed programs, then you should answer "Yes" even if the incapacitated person has been determined ineligible for some/all benefits.

Instructions - Report of Well Being

Item 10 allows you as guardian to identify any assistance required from the court or a community agency. Please be as specific as possible in describing any help that you need on behalf of the incapacitated person.

After the 10 items listed above is a section for service. As noted at the beginning of the Report of Guardian Cover Page, you must file the original report with the Surrogate and serve copies of the report on the interested parties. Remember that there is a fee of \$5/page for all documents filed with the Surrogate, including the Cover Page and the evaluation statement required by Item 4. In terms of service, you should consult the Judgment to see if any particular method of service is required (i.e., by certified mail). If nothing is stated in the Judgment, then use your discretion as to the method of service.

The term "Interested Parties" (or parties-in-interest) includes the nearest of kin of the incapacitated person, meaning those relatives served with notice of the underlying guardianship action, including any relatives identified or located after the filing of the complaint and prior to entry of the judgment. Note that a child of an incapacitated person need not be served during minority but must be served upon reaching the age of eighteen (18) years, even if such child was a minor at the time of the guardianship proceeding and therefore not listed as an interested party in the verified complaint. Interested parties may also include any agent(s) appointed pursuant to a power of attorney or advance directive, as well as the director of a residential care facility having custody of the incapacitated person, and/or the attorney appointed for the incapacitated person in the guardianship action. If an interested party is under a guardianship or has died, then this should be noted in the certification of service section.

Instructions - EZ Accounting

Two different reporting forms have been prepared for use by guardians of the estate, the EZ Accounting form, and the Comprehensive Accounting form. If you were appointed as guardian after the publication of these forms in 2014, then the Judgment of Incapacity should specify which form you are required to file, as well as the deadline for filing. If you were appointed as guardian of an incapacitated person's estate prior to 2014, then the Judgment of Incapacity may simply direct the filing of an annual report. To determine whether you must file any report as to the estate of the incapacitated person, look to the Judgment to see if you were appointed as guardian of the person only, or as guardian of the person and estate (or person and property). Unless you were appointed as guardian of the person only, your reporting requirement includes a requirement to report as to the estate of the incapacitated person. The only exception to this rule is if you were appointed as guardian of the person and estate but the Judgment specifies that no letters of guardianship of the estate (or no letters of guardianship of the property) will issue absent further application to the Superior Court. If the Judgment does not specify a type of accounting and you are unsure which form to utilize, you can file the EZ Accounting and then wait for any further direction from the Guardianship Monitoring Program and/or court staff.

The EZ Accounting form is a three-page document to which additional pages may be attached if necessary. Item 1 asks if a bond is required, and if so, if one is filed covering the period of this report. If you were appointed as guardian of the estate but the Judgment waived the requirement of bond, then you should select "N/A". Even if no bond was imposed, if your Judgment requires the filing of a report, then you must file the report by the specified deadline.

Item 2 inquires if you have identified, traced and collected all of the incapacitated person's assets since your appointment. If you answer "No" to this question, you must provide further explanation. For example, if you are aware of assets belonging to the incapacitated person but in the custody of someone else, you should explain what steps you have taken to retrieve those assets and bring them into the guardianship estate.

Item 3 addresses the status of the filing of the incapacitated person's past and current state and federal tax returns, as well as tax payments. If no tax returns are delinquent as of the filing of your report, then you should answer yes to this question even if tax returns for a subsequent year will soon be due. For example, if your reporting deadline is in February, then in 2014 you may report that you have filed all past and current returns and made all payments if everything is current through 2013, even though you will shortly be filing the 2014 returns.

Below items 1-3 is a SUMMARY table. In the line numbered 4, you should report the beginning cash balance of the incapacitated person's estate. In line 5, you should state the amount reflected under SCHEDULE A - EZ: INCOME, which amount is the Total Income Received. Remember to list all sources of income, even if some sources (such as Social Security benefits) may have been excluded for purposes of setting bond. Below is an example showing the aggregate amount received for Social Security Disability for nine (9) months.

Line Number	Source of Income (e.g. employment, social security)	Description (e.g. number of months times dollar amount)	Total Income Amount
<i>Sample</i>	<i>Social Security Disability</i>	<i>9 months x \$689.00</i>	<i>\$6201.00</i>

If you are required to report annually, then income will generally cover twelve (12) months. You may wish to add a brief explanation if certain income is received for a shorter period of time (i.e., the incapacitated person participates through school in a structured work program for ten (10) months of the year, earning a stipend of \$100/month for that 10-month period, for a total of \$1000/year, but the incapacitated person has no earned income during the other two (2) months of the year).

Instructions - EZ Accounting

Schedule B-EZ: DISBURSEMENTS should reflect the payments made from the guardianship estate for the reporting period. Some disbursements, like food and utilities, are for regular, recurring expenses. If food is purchased solely for the incapacitated person, then the amount spent will likely vary from month to month. In this situation, the category of disbursements should be reported on a monthly basis, but it is not necessary to list check numbers or dates of purchase. The following is sufficient:

Line Number	Category	Check Number	Payment Date	Payee	Amount Spent
1	Monthly Grocery - January		Jan. 2014	ACME / Shoprite	\$293.77
2	Monthly Grocery - February		Feb. 2014	Shoprite	\$301.23
3	Monthly Grocery - March		March 2014	ACME	\$256.85

If the incapacitated person resides with the guardian(s) as part of a family unit, then it is permissible for a set amount of the incapacitated person's funds to be utilized each month to cover his or her share of food purchases. In this case, for SCHEDULE B-EZ, you may report as follows:

Line Number	Category	Check Number	Payment Date	Payee	Amount Spent
1	Grocery - 12 months	auto-debit	Jan - Dec. 2014	ACME/Shoprite	12 x \$225/mo = \$2700

Other recurring monthly expenses, like a cell phone or cable plan, can also be reported in this manner.

Line Number	Category	Check Number	Payment Date	Payee	Amount Spent
1	Jitterbug Plus (cellphone basic plan 29)	auto-debit	Jan - Dec. 2014	Sprint	12 x \$29.99/mo = \$359.88

Some disbursements will reflect occasional purchases, such as new clothes at the beginning of a season or for special events. For these items, all fields of the SCHEDULE B-EZ: DISBURSEMENTS should be completed, as follows:

Line Number	Category	Check Number	Payment Date	Payee	Amount Spent
1	Clothing (winter coat, gloves, snow boots)		Jan. 2014	ACME / Shoprite	\$293.77
2	Clothing (sister's wedding)		Feb. 2014	Shoprite	\$301.23

Keep in mind that reports are reviewed through the New Jersey Guardianship Monitoring Program. While the forms are designed for simplicity and ease of use, if the entries are unclear or raise questions in the minds of reviewers, then you may be asked to provide further explanation or substantiation.

The next section of the report is SCHEDULE C-EZ: Bank Account Reconciliation. In this table, you should report the beginning cash balance (same as given for number 4 of the SUMMARY), the Schedule A: Income reflected at the bottom of SCHEDULE A-EZ (in the bold box), and the Schedule B: Disbursements reflected at the bottom of SCHEDULE B-EZ (in the bold box). The purpose of SCHEDULE C-EZ is to ensure that the internal math provided is correct prior to the filing of your report. If these figures do not result in an ending cash balance matching the amount of cash in the guardianship estate, then you should go back and review your entries for any error.

Instructions - EZ Accounting

The last item of page 2 is BANK STATEMENT RECONCILIATION. If there are deposits in transit (not yet credited to account) and/or outstanding checks (delivered for payment but not cleared), then this table will show these amounts and should explain any apparent discrepancy as to the ending balance reflected on the most recent bank statement.

The last section of the EZ Accounting form is a certification of service in which you as guardian must specify when and how the report was served on the parties in interest. As noted at the beginning of the Report of Guardian Cover Page, you must file the original report with the Surrogate and serve copies of the report on the interested parties. Remember that there is a fee of \$5/page for all documents filed with the Surrogate, including the Cover Page. In terms of service, you should consult the Judgment to see if any particular method of service is required (i.e., by certified mail). If nothing is stated in the Judgment, then use your discretion as to the method of service.

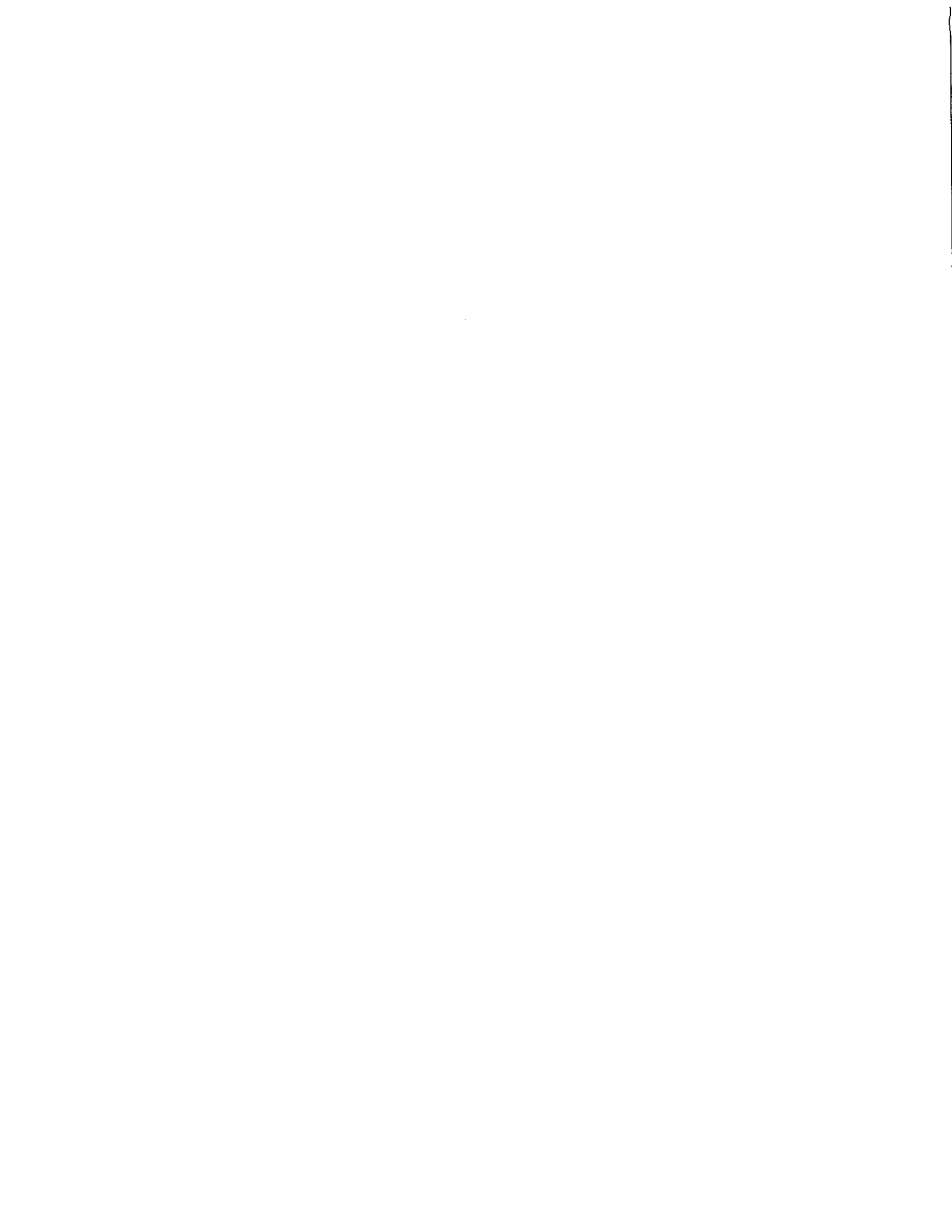
Note: Interested Parties

The term "Interested Parties" (or parties-in-interest) includes the nearest of kin of the incapacitated person, meaning those relatives served with notice of the underlying guardianship action, including any relatives identified or located after the filing of the complaint and prior to entry of the judgment. Note that a child of an incapacitated person need not be served during minority but must be served upon reaching the age of eighteen (18) years, even if such child was a minor at the time of the guardianship proceeding and therefore not listed as an interested party in the verified complaint. Interested parties may also include any agent(s) appointed pursuant to a power of attorney or advance directive, as well as the director of a residential care facility having custody of the incapacitated person, and/or the attorney appointed for the incapacitated person in the guardianship action. If an interested party is under a guardianship or has died, then this should be noted in the certification of service section.

Note: Reporting Period

Most guardians are directed to report annually, at or before the anniversary date of the Judgment of Incapacity, so most reports will cover a 12-month period. Strict adherence to this time period may be difficult depending on the timing of the guardianship judgment and the nature of the guardianship reporting. For example, a guardian appointed on April 13th might decide to file her first accounting for the period of April 13th - March 31st, and then start the next accounting as of the following April 1st. Even though the first accounting covers less than 12 months, this is acceptable. After the first accounting, the guardian will file reports for a full 12-month period, with bank account statements as of the beginning (April 1st) and end (March 31st) of each yearly period.

Although it is acceptable to slightly adjust the reporting period for convenience, it is not acceptable to deviate substantially from the reporting deadline imposed by the Judgment of Incapacity. For example, a guardian appointed on April 13th may not decide to report through December 31st in order to achieve a future reporting period of January 1st through December 31st. If all guardians were allowed to determine the periods for reporting, many guardians would opt for a period coinciding with the calendar year. This would result in an influx of reports at the same time and would inhibit prompt review of submissions by the volunteers of the Guardianship Monitoring Program.



EZ Accounting Form

If You Are Guardian of the Estate, Complete the Following Questions

If the Court has granted powers regarding the control and management of the incapacitated person's estate, please provide the following information, consistent with your order of appointment, concerning your fulfillment of your responsibilities to the incapacitated person.

Management of the Incapacitated Person's Estate

1. If a bond is required, is one filed that covers this period? Yes No N/A
2. Have you identified, traced and collected all of the incapacitated person's assets since your appointment? If no, please explain. Yes No

3. Have all of the incapacitated person's past and current state and federal tax returns been prepared and filed and all tax payments made? If no, please explain. Yes No

Complete schedules A-EZ & B-EZ and enter the Summary information below. If you have nothing to list on a schedule, state "NONE."

Summary

4.	Beginning Cash Balance	\$
5.	Schedule A- EZ: Income	\$
6.	Schedule B- EZ: Disbursements	\$0
7.	Ending Cash Balance (Add lines 1 & 2 and subtract line 3)	\$0

Schedule A-EZ: Income

Deposited into account # _____

Line #	Source of Income (e.g. employment, social security)	Description (e.g. number of months times dollar amount)	Total Income Amount
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$
Total Income Received (Schedule A-EZ: Income)			\$0

Schedule B-EZ: Disbursements

Withdrawn from account # _____

Line #	Category	Check(s) Number	Payment Date(s)	Payee	Amount Spent
1.					\$
2.					\$

EZ Accounting Form

Line #	Category	Check(s) Number	Payment Date(s)	Payee	Amount Spent
3.					\$
4.					\$
5.					\$
Total All Disbursements (Schedule B-EZ: Disbursements)					\$ 0

Schedule C-EZ: Bank Account Reconciliation

Account # _____

Beginning Cash Balance		\$
Plus: Income (Schedule A- EZ)	+	\$
Minus: Disbursements (Schedule B- EZ)	-	\$0
Equals: Ending Cash Balance	=	\$0

Bank Statement Reconciliation (Information Verification Tool)

Ending Balance per Bank Statement		\$
Plus: Deposits in Transit (Deposits not yet credited by date of statement)	+	\$
Less: Outstanding Checks (Checks not yet cleared by date of statement)		
Check #	\$	
Check #	\$	
Total: Outstanding Checks	-	\$0
Ending Cash Balance	=	\$

Service

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

Name of Interested Party	Relationship to Incapacitated Person	Address	Manner of Service

(attach additional information as necessary)

Certification

(insert your name), certifies that I am the Guardian of the within named incapacitated person and that the attached annual report and schedule(s) (is) (are), to the best of my personal knowledge, complete and true statement of my activities as such Guardian. I am aware that if any of the foregoing statements are willfully false, I am subject to punishment.

Date

Signature of Guardian

Print Name

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 should be used for an initial inventory as well as any supplemental inventory. The need to file a supplemental inventory may arise from the terms of the Judgment (i.e., "within 90 days, the guardian will file an initial inventory of the estate, and within 30 days after the sale of the real property located at _____, the guardian will file a supplemental inventory") or based upon a response to the original inventory, as explained below.

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, as well as to indicate whether the document is an initial or supplemental inventory. 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 both face value and market value. To calculate the totals for these schedules, add together the market value amounts.

At the bottom of page 3 is a certification of service which must be completed prior to filing. As noted at the top of page 1, the inventory must presumptively 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 the attorney appointed for the incapacitated person during the guardianship action, or on any other individual or entity. 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.

Read closely the "NOTICE TO INTERESTED PARTIES" at the very bottom of page 3. After you have filed and served your inventory, the parties who received a copy may file an objection containing the specific factual or legal basis for the objection. Parties in interest are specifically directed to advise the Surrogate as well as the guardian(s) if they are aware of any property that should be included in the incapacitated person's estate but is not set forth in the inventory. After filing and serving your inventory, and waiting twenty (20) days, you may wish to contact the Surrogate to confirm that no objection, nor any notice of additional property, was filed by any party in interest. In the event that an objection is

Instructions - Guardian Inventory

filed, or if a party advises you of additional property that should be listed as part of the incapacitated person's estate, you must file a supplemental inventory, following essentially the same process as utilized for the original inventory but now including whatever property was missing from the original submission. The filing of an objection with the Surrogate, and/or written notice to the guardian of assets belonging to the incapacitated person and not set forth in the inventory, will not bring the matter before the Superior Court for further proceedings. If a dispute as to the assets of the guardianship estate is not resolved upon the filing of an initial or supplemental inventory, then any party in interest may file a Verified Complaint or Motion for further relief.

Guardian Inventory Form

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**

- Original
 Supplemental

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 and valuation 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 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. 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: _____

Type or Print Name

Date _____

Signature: _____

Type or Print Name

Recapitulation

Schedule A - Real Property	\$0
Schedule B - Stocks, Bonds, Mutual Funds, Securities and Investment Accounts	\$0
Schedule C - Cash, Bank Accounts, Notes Due	\$0
Schedule D - Pensions, Retirement Accounts, Annuities, Profit Sharing Plans	\$0
Schedule E - Miscellaneous Personal Property	\$0
Gross Value	(Add Schedules A, B, C, D, and E) \$0
Schedule F - Encumbrances	\$(0)
Total Net Estate	(Gross Value Minus Schedule F) \$0
Schedule G - Monthly Income	\$0

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

Guardian Inventory Form

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 #	Description: Address (include county and state)	Municipal Tax Assessed Value	Market Value
1.		\$	\$
2.		\$	\$
Total Schedule A (also enter under recapitulation, page 1)			\$0

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 and, if held jointly, describe the interest. If none, so state.

Item #	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
1.		\$	\$
2.		\$	\$
Total Schedule B (also enter under recapitulation, page 1)			\$0

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 #	Description: (include name of financial institution, account type, last four digits of accounts and date value fixed.)	Value
1.		\$
2.		\$
Total Schedule C (also enter under recapitulation, page 1)		\$0

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 #	Description: (include name of financial institution, account type, last four digits of accounts and date value fixed.)	Value
1.		\$
2.		\$
Total Schedule D (also enter under recapitulation, page 1)		\$0

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 #	Description:	Value
1.		\$
2.		\$
Total Schedule E (also enter under recapitulation, page 1)		\$0

Guardian Inventory Form

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.

<u>Item #</u>	<u>Description:</u>	<u>Encumbrance Amount</u>
1.		\$
2.		\$
Total Schedule F (also enter under recapitulation, page 1)		\$0

Schedule G - Sources of Monthly Income

<u>Item #</u>	<u>Description:</u>	<u>Monthly Amount</u>
1.		\$
2.		\$
Total Schedule G (also enter under recapitulation, page 1)		\$0

Guardian Inventory Form

Service

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

Name of Person Sent this Document	Relationship to Incapacitated Person	Address	Manner of Service (US Mail, Personal Service)

(attach additional information as necessary)

Certification

(insert your name), certifies that I am the Guardian of the within named incapacitated person and that the attached annual report and schedule(s) (is) (are), to the best of my personal knowledge, complete and true statement of my activities as such Guardian. I am aware that if any of the foregoing statements are willfully false, I am subject to punishment.

Date

Signature of Guardian

Print Name

Notice to Interested Parties

This inventory will be filed as presented to the Probate Part unless a written objection, containing the specific factual or legal basis for the objection, is filed with the _____ County Surrogate, acting as Deputy Superior Court Clerk, Chancery Division, Probate Part within 20 days.

The Surrogate, as Deputy Superior Court Clerk, Chancery Division, Probate Part, has not independently verified the value of the items on the inventory or the fact that they are the only assets of the estate. If you are aware of other property of the incapacitated person's estate that is not listed herein, send the Guardian(s) and the above named Surrogate's office a description of the property and its value, if known.