

**IN THE CIRCUIT COURT FOR HILLSBOROUGH COUNTY, STATE OF FLORIDA,
GUARDIANSHIP, PROBATE AND MENTAL HEALTH DIVISION**

IN RE: THE GUARDIANSHIP OF

CASE NO.: ____ -CP- _____

(Name)

DIVISION: _____

Please circle guardianship type: Plenary Minor Limited Voluntary

**VERIFIED INVENTORY OF GUARDIAN
(Initial Guardianship Report of Guardian of the Property)**

_____, the guardian of the property of _____ (the ward), files, as the Initial Guardianship Report of the Guardian of the Property, an inventory of all the property of the ward that has come into the guardian's possession or knowledge, including all encumbrances. The value of the property should be as of the date the guardianship Letters were issued.

REAL ESTATE

Description and Location Property and Encumbrance	% of ownership	Estimated Fair Market Value	Estimated Amount of Encumbrance
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Real Estate Located at:	%	\$	\$
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Total Estimated Value of Real Estate	\$ _____
Less: Encumbrances	\$ _____
Estimated Net value of Real Estate	\$ _____

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CASH ASSETS

***Important Note: Please attach a copy of the bank statement that shows the account balance as of the date the Letters of Guardianship were signed, for each account. In the alternative, a letter from the bank with a bank official's signature and business card attached, which states the asset amount as of the date Letters of Guardianship were signed, may be provided for each account.**

Name of Institution:	Type of Asset:	Percentage of wards Ownership:	Value of the Asset: (ward's %)
		%	\$

Total Value of all Cash Assets: \$ _____

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PERSONAL PROPERTY

Description and Location of Property and Encumbrances	% of ownership	Estimated Fair Market Value	Estimated Amount of Encumbrance
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%

\$

\$

Total Estimated Value of Personal Property:	\$ _____
Less: Encumbrances:	\$ _____
Estimated Net value of Personal Property:	\$ _____

Total Estimated Net Value of ALL PROPERTY **\$ _____**

*Important Note: this is the total of all the ward's assets as of the date the Letters of Guardianship were signed.
This total will be the starting balance of your first Annual Accounting.

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CLAIMS

Secured and Unsecured (e.g. overdue bills, outstanding credit cards)

Name & Address of Potential Claimant	Basis of Claim	Estimated Amount of the Claim
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\$

INCOME

Describe Income of the ward, including Name and Address of Payer	Type of Income	Frequency	Amount of Payment
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\$

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LAWSUITS:

The Ward has the right to sue on the following causes of action:

(NOTE: If funds have not been or were not received **as of the date Letters of Guardianship were signed**, only show claim here. **DO NOT** show as a received asset until the First Annual Accounting)

Description of Lawsuit & court address	Date of occurrence	Estimated amount of the claim
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\$

AUDIT FEE MUST BE ATTACHED TO THIS REPORT:

If the value of the ward's assets exceeds \$25,000, the guardian needs to submit an audit fee of \$85.00.

PURSUANT TO F.S. §744.365

UNDER PENALTIES OF PERJURY, I declare that I have read the foregoing, and the facts alleged are true, to the best of my knowledge and belief.

Signed on _____, 20____.

Guardian

Print Name: _____

Address: _____

Phone Number: (____) ____ - ____

Email Address: _____

Attorney for Guardian

Print Name: _____

Florida Bar No. _____

Address: _____

Phone Number: (____) ____ - ____

Email Address: _____

REMEMBER CERTIFICATE OF SERVICE:

- *Ward's Attorney (if applicable, usually court-appointed for an adult ward)**
- *Ward, if over 14 years-old**
- *Ward, if a Limited Guardianship**
- *Ward, if a Voluntary Guardianship**
- *Interested Person/Parties**