

IN THE CIRCUIT COURT OF THE IN AND FOR COUNTY

Case Number:

**Format Must Be
PRCYNNNNNNN**

Division:

Amended Form? :

*If yes, version of the Amended Form? :

Guardian Type:

IN RE: THE GUARDIANSHIP OF

INITIAL INVENTORY

Guardianship Inception Date:

Ward's Social Security Number: _____

Property Guardianship Type:

SUMMARY

Net Value of Real Property Assets/Encumbrances: From Section 1

Cash Assets: From Section 2

Intangible Assets: From Section 3

Personal Property: From Section 4

Other Encumbrances/Liabilities: From Section 5

(_____)

Total

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1. Real Property Assets and Encumbrances

Do you have entries for Section 1:

The ward's ownership or liability will be a percentage based upon the total number holding title or responsible for the encumbrance. For example, if three individuals have an ownership interest in the real property, the ward's percentage is 33.3%

#	Description and Address	Full Value	How Titled	Ward's %	Ward's Value
1	Description of Property:				
	Street Address:				
	City: State: Zip				
	Name of joint owner:				
	Street Address:				
	City: State: Zip:				
	Encumbrance 1:				
	Name of Entity:				
	Account Number:				
	Street Address:				
	City: State: Zip:				
	Name of joint obligor				
	Street Address:				
	City: State: Zip:				
	Encumbrance 2:				
	Name of Entity:				
	Account Number:				
	Street Address:				
	City: State: Zip:				
	Name of joint obligor				
	Street Address:				
	City: State: Zip:				
	Encumbrance 3:				
	Name of Entity:				
	Account Number:				
	Street Address:				
	City: State: Zip:				
	Name of joint obligor				
	Street Address:				
	City: State: Zip:				
	Encumbrance 4:				
	Name of Entity:				
	Account Number:				
	Street Address:				
	City: State: Zip:				
	Name of joint obligor				
	Street Address:				
	City: State: Zip:				
	Encumbrance 5:				
	Name of Entity:				
	Account Number:				
	Street Address:				
	City: State: Zip:				
	Name of joint obligor				
	Street Address:				
	City: State: Zip:				

Encumbrance 6:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
Encumbrance 7:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
Encumbrance 8:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
2	Description of Property:					
Street Address:						
City:	State:	Zip:				
Name of joint owner:						
Street Address:						
City:	State:	Zip:				
Encumbrance 1:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
Encumbrance 2:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
Encumbrance 3:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				

Encumbrance 4:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
Encumbrance 5:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
Encumbrance 6:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
Encumbrance 7:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
Encumbrance 8:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
3	Description of Property:					
Street Address:						
City:	State:	Zip:				
Name of joint owner:						
Street Address:						
City:	State:	Zip:				
Encumbrance 1:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				

Encumbrance 2:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
Encumbrance 3:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
Encumbrance 4:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
Encumbrance 5:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
Encumbrance 6:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
Encumbrance 7:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
Encumbrance 8:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						

Street Address:						
City:	State:	Zip:				
4	Description of Property:					
Street Address:						
City:	State:	Zip:				
Name of joint owner:						
Street Address:						
City:	State:	Zip:				
Encumbrance 1:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
Encumbrance 2:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
Encumbrance 3:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
Encumbrance 4:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
Encumbrance 5:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
Encumbrance 6:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						

Street Address:						
City:	State:	Zip:				
Encumbrance 7:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
Encumbrance 8:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
5	Description of Property:					
Street Address:						
City:	State:	Zip:				
Name of joint owner:						
Street Address:						
City:	State:	Zip:				
Encumbrance 1:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
Encumbrance 2:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
Encumbrance 3:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
Encumbrance 4:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						

Street Address:						
City:	State:	Zip:				
Encumbrance 5:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
Encumbrance 6:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
Encumbrance 7:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
Encumbrance 8:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
6	Description of Property:					
Street Address:						
City:	State:	Zip:				
Name of joint owner:						
Street Address:						
City:	State:	Zip:				
Encumbrance 1:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
Encumbrance 2:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						

Street Address:						
City:	State:	Zip:				
Encumbrance 3:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
Encumbrance 4:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
Encumbrance 5:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
Encumbrance 6:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
Encumbrance 7:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
Encumbrance 8:						
Name of Entity:						
Account Number:						
Street Address:						
City:	State:	Zip:				
Name of joint obligor						
Street Address:						
City:	State:	Zip:				
Total for Section 1 (Net Value to be transferred to Section 1 of Summary Page)						

2. Cash Assets							
Do you have entries for Section 2:							
The ward's ownership or liability will be a percentage based upon the total number holding title. For example, if three individuals have an ownership interest in the asset, the ward's percentage is 33.3.							
Location			Type of Asset	Full Value	How Titled	Ward's %	Ward's Value
1	Institution Name:						
Street Address:							
City:	State:	Zip:					
Name of joint owner:							
Street Address:							
City:	State:	Zip:					
2	Institution Name:						
Street Address:							
City:	State:	Zip:					
Name of joint owner:							
Street Address:							
City:	State:	Zip:					
3	Institution Name:						
Street Address:							
City:	State:	Zip:					
Name of joint owner:							
Street Address:							
City:	State:	Zip:					
4	Institution Name:						
Street Address:							
City:	State:	Zip:					
Name of joint owner:							
Street Address:							
City:	State:	Zip:					
5	Institution Name:						
Street Address:							
City:	State:	Zip:					
Name of joint owner:							
Street Address:							
City:	State:	Zip:					
6	Institution Name:						
Street Address:							
City:	State:	Zip:					
Name of joint owner:							
Street Address:							
City:	State:	Zip:					
7	Institution Name:						
Street Address:							
City:	State:	Zip:					
Name of joint owner:							
Street Address:							
City:	State:	Zip:					
Total for Section 2 (Net Value to be transferred to Section 2 of Summary Page)							

3. Intangible Assets

Do you have entries for Section 3:

The ward's ownership will be a percentage based upon the total number holding title or responsible for the encumbrance. For example, if two individuals have an ownership interest in the real property, the ward's percentage is 50%. The number of shares should only be inserted if the intangible asset is not held in a brokerage or other similar account. If the intangible asset is held in a brokerage or similar account the intangible asset value should be the amount as reflected on the brokerage or similar account statement.

Issuer Name, Address		Type of Asset	Full Value	How Titled	Ward's %	Ward's Ending Value				
1	Issuer Name:									
Account Number										
Number of Shares:										
Street Address:										
City:	State:	Zip:								
Name of joint owner:										
Street Address:										
City:	State:	Zip:								
2	Issuer Name:									
Account Number										
Number of Shares:										
Street Address:										
City:	State:	Zip:								
Name of joint owner:										
Street Address:										
City:	State:	Zip:								
3	Issuer Name:									
Account Number										
Number of Shares:										
Street Address:										
City:	State:	Zip:								
Name of joint owner:										
Street Address:										
City:	State:	Zip:								
4	Issuer Name:									
Account Number										
Number of Shares:										
Street Address:										
City:	State:	Zip:								
Name of joint owner:										
Street Address:										
City:	State:	Zip:								
5	Issuer Name:									
Account Number										
Number of Shares:										
Street Address:										
City:	State:	Zip:								
Name of joint owner:										
Street Address:										
City:	State:	Zip:								
Total for Section 3 (Total to be transferred to Section 3 of Summary Page)										

4. Personal Property Assets									
Do you have entries for Section 4:									
The ward's ownership will be a percentage based upon the total number holding title. For example, if three individuals have an ownership interest in the asset, the ward's percentage is 33.3									
Address and General Description				Type of Asset	Inventory Value	How Titled	Ward's %	Ward's Value	
1	General Description:								
Street Address:									
City		State:	Zip:						
Name of joint owner:									
Street Address									
City		State:	Zip:						
2	General Description:								
Street Address:									
City		State:	Zip:						
Name of joint owner:									
Street Address									
City		State:	Zip:						
3	General Description:								
Street Address:									
City		State:	Zip:						
Name of joint owner:									
Street Address									
City		State:	Zip:						
4	General Description:								
Street Address:									
City		State:	Zip:						
Name of joint owner:									
Street Address									
City		State:	Zip:						
5	General Description:								
Street Address:									
City		State:	Zip:						
Name of joint owner:									
Street Address									
City		State:	Zip:						
6	General Description:								
Street Address:									
City		State:	Zip:						
Name of joint owner:									
Street Address									
City		State:	Zip:						
7	General Description:								
Street Address:									
City		State:	Zip:						
Name of joint owner:									
Street Address									
City		State:	Zip:						
Total for Section 4 (Total to be transferred to Section 4 of Summary Page)									

5. Secured/Unsecured Liabilities (Not reflected in Section 1)

Do you have entries for Section 5:

Instructions: List all liabilities > \$1,000. If debt exceeds \$1,000 and is not a part of the monthly budget, please list in this section.

Creditor, Description, and Address			Type of Liability	Full Amount of Liability	How Titled	Ward's %	Ward's Share of Amount Due
1 Creditor Name:							
Account Number:							
Description of Security, if any:							
Address:							
City:	State:	Zip:					
Name of joint obligor:							
Address:							
City:	State:	Zip:					
2 Creditor Name:							
Account Number:							
Description of Security, if any:							
Address:							
City:	State:	Zip:					
Name of joint obligor:							
Address:							
City:	State:	Zip:					
3 Creditor Name:							
Account Number:							
Description of Security, if any:							
Address:							
City:	State:	Zip:					
Name of joint obligor:							
Address:							
City:	State:	Zip:					
4 Creditor Name:							
Account Number:							
Description of Security, if any:							
Address:							
City:	State:	Zip:					
Name of joint obligor:							
Address:							
City:	State:	Zip:					
5 Creditor Name:							
Account Number:							
Description of Security, if any:							
Address:							
City:	State:	Zip:					
Name of joint obligor:							
Address:							
City:	State:	Zip:					
Total for Section 5 (Total to be transferred to Section 5 of Summary Page							

Continuation of Secured/Unsecured Liabilities (Not reflected in Section 1)

Instructions: List all liabilities > \$1,000. If debt exceeds \$1,000 and is not a part of the monthly budget, please list in this section.

Creditor, Description, and Address			Type of Liability	Full Amount of Liability	How Titled	Ward's %	Ward's Share of Amount Due
6 Creditor Name: 0							
Account Number:							
Description of Security, if any:							
Address:							
City:			State:	Zip:			
Name of joint obligor:							
Address:							
City:			State:	Zip:			
7 Creditor Name:							
Account Number:							
Description of Security, if any:							
Address:							
City:			State:	Zip:			
Name of joint obligor:							
Address:							
City:			State:	Zip:			
8 Creditor Name:							
Account Number:							
Description of Security, if any:							
Address:							
City:			State:	Zip:			
Name of joint obligor:							
Address:							
City:			State:	Zip:			
9 Creditor Name:							
Account Number:							
Description of Security, if any:							
Address:							
City:			State:	Zip:			
Name of joint obligor:							
Address:							
City:			State:	Zip:			
10 Creditor Name:							
Account Number:							
Description of Security, if any:							
Address:							
City:			State:	Zip:			
Name of joint obligor:							
Address:							
City:			State:	Zip:			
Total for Section 5 (Total to be transferred to Section 5 of Summary Page							

6. Sources of Income

Do you have entries for Section 6:

#	Type	Payor	Estimated Annual Amount
1			
2			
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7. Lawsuits Against the Ward

Do you have entries for Section 7:

#	Description of Lawsuit & Court Addresses	Date of Debt Occurrence	Estimated Amount of Claim
1	Case Number:		
	Plaintiff Name:		
	Describe Cause of Action:		
Court Name:			
Court Mailing Address:			
City:		State:	Zip:
2	Case Number:		
	Plaintiff Name:		
	Describe Cause of Action:		
Court Name:			
Court Mailing Address:			
City:		State:	Zip:
3	Case Number:		
	Plaintiff Name:		
	Describe Cause of Action:		
Court Name:			
Court Mailing Address:			
City:		State:	Zip:
4	Case Number:		
	Plaintiff Name:		
	Describe Cause of Action:		
Court Name:			
Court Mailing Address:			
City:		State:	Zip:
5	Case Number:		
	Plaintiff Name:		
	Describe Cause of Action:		
Court Name:			
Court Mailing Address:			
City:		State:	Zip:
6	Case Number:		
	Plaintiff Name:		
	Describe Cause of Action:		
Court Name:			
Court Mailing Address:			
City:		State:	Zip:
7	Case Number:		
	Plaintiff Name:		
	Describe Cause of Action:		
Court Name:			
Court Mailing Address:			
City:		State:	Zip:
8	Case Number:		
	Plaintiff Name:		
	Describe Cause of Action:		
Court Name:			
Court Mailing Address:			
City:		State:	Zip:

8. Pending Litigation and/or Lawsuits the Ward May Bring the if Court Approval Received

Do you have entries for Section 8:

#	Description of Lawsuit & Court Addresses	Date of Claim Occurrence	Estimated Amount of Claim
1	Case Number:		
	Defendant Name:		
	Describe Cause of Action:		
	Attorney Representing Ward:		
	Florida Bar Number:		
	Court Name:		
	Court Mailing Address:		
	City: State: Zip:		
2	Case Number:		
	Defendant Name:		
	Describe Cause of Action:		
	Attorney Representing Ward:		
	Florida Bar Number:		
	Court Name:		
	Court Mailing Address:		
	City: State: Zip:		
3	Case Number:		
	Defendant Name:		
	Describe Cause of Action:		
	Attorney Representing Ward:		
	Florida Bar Number:		
	Court Name:		
	Court Mailing Address:		
	City: State: Zip:		
4	Case Number:		
	Defendant Name:		
	Describe Cause of Action:		
	Attorney Representing Ward:		
	Florida Bar Number:		
	Court Name:		
	Court Mailing Address:		
	City: State: Zip:		
5	Case Number:		
	Defendant Name:		
	Describe Cause of Action:		
	Attorney Representing Ward:		
	Florida Bar Number:		
	Court Name:		
	Court Mailing Address:		
	City: State: Zip:		
6	Case Number:		
	Defendant Name:		
	Describe Cause of Action:		
	Attorney Representing Ward:		
	Florida Bar Number:		
	Court Name:		
	Court Mailing Address:		
	City: State: Zip:		
7	Case Number:		
	Defendant Name:		
	Describe Cause of Action:		

Attorney Representing Ward:				
Florida Bar Number:				
Court Name:				
Court Mailing Address:				
City:	State:	Zip:		
8	Case Number:			
	Defendant Name:			
	Describe Cause of Action:			
Attorney Representing Ward:				
Florida Bar Number:				
Court Name:				
Court Mailing Address:				
City:	State:	Zip:		

9. The Ward as of the Guardianship Inception Date was Entitled to Receive, but had not Received the Following

Do you have entries for Section 9:

Instructions: If the guardian has knowledge of assets which the Ward is entitled to receive, but were not received as of the Inception Date then those assets should be listed here. Examples: Insurance Policies, Benefits, Inheritance or settlements from litigation.

	Description	Estimated Date of Receipt	Estimated Amount
1			
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31			

10. Trusts

Do you have entries for Section 10:

#	Name of Current Trustee, Account, and Addresses	Ward's Interest	Estimated Date Trust was Created	Amount of Trust
1	Name of Trustee: Financial Institution is: Street Address: City: State: Zip:			
2	Name of Trustee: Financial Institution is: Street Address: City: State: Zip:			
3	Name of Trustee: Financial Institution is: Street Address: City: State: Zip:			
4	Name of Trustee: Financial Institution is: Street Address: City: State: Zip:			
5	Name of Trustee: Financial Institution is: Street Address: City: State: Zip:			
6	Name of Trustee: Financial Institution is: Street Address: City: State: Zip:			
7	Name of Trustee: Financial Institution is: Street Address: City: State: Zip:			
8	Name of Trustee: Financial Institution is: Street Address: City: State: Zip:			

11. Hazard & Liability Policies, Annuities/Life Insurance/Disability/Long Term Care Policies

Do you have entries for Section 11: -Select One-

Name of Issuer, Address, Account Number			Type of Insured Interest	Status	Description of Insured Interest
1	Name of Issuer:				
	Policy Number:				
	Address:				
	City:	State: Zip			
2	Name of Issuer:				
	Policy Number:				
	Address:				
	City:	State: Zip			
3	Name of Issuer:				
	Policy Number:				
	Address:				
	City:	State: Zip			
4	Name of Issuer:				
	Policy Number:				
	Address:				
	City:	State: Zip			
5	Name of Issuer:				
	Policy Number:				
	Address:				
	City:	State: Zip			
6	Name of Issuer:				
	Policy Number:				
	Address:				
	City:	State: Zip			
7	Name of Issuer:				
	Policy Number:				
	Address:				
	City:	State: Zip			
8	Name of Issuer:				
	Policy Number:				
	Address:				
	City:	State: Zip			
9	Name of Issuer:				
	Policy Number:				
	Address:				
	City:	State: Zip			
10	Name of Issuer:				
	Policy Number:				
	Address:				
	City:	State: Zip			
11	Name of Issuer:				
	Policy Number:				
	Address:				
	City:	State: Zip			

**CERTIFICATION AND SIGNATURE OF
GUARDIAN(S)**

(Check all that apply)

- A copy of safe-deposit box inventory was provided to the ward.
- The ward was declared totally incapacitated.
- The ward is a minor.
- Proof of the items for Section 1 is attached.
- Proof of the items for Section 2 is attached.
- Proof of the items for Section 3 is attached.
- Proof of the items for Section 4 is attached.
- Proof of the items for Section 5 is attached.
- The ward has a safe deposit box(s) and/or the right to enter a box registered in joint names or in the name of another person or entity.
- All property held in a safe deposit box is reflected in the Initial Inventory.
- The surety bond as required by the Order Appointing Guardian has been posted.
- The required audit fee is attached.

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

Date signed by Guardian _____

Guardian Signature

Guardian Name

Guardian Taxpayer Identification #

Guardian Telephone #

Guardian Mailing Address

Guardian City State, Zip

Guardian's Email Address: _____

----- **Co-Guardian** -----

Date signed by Co-Guardian _____

Co- Guardian Signature

Co-Guardian Name

Co-Guardian Taxpayer Identification #

Co-Guardian Telephone #

Co-Guardian Mailing Address

Co-Guardian City State, Zip

Co-Guardian's Email Address: _____

CERTIFICATION AND SIGNATURE OF PREPARER

I have prepared the Initial Inventory based upon the information provided by the guardian(s) and/or attorney with no independent verification of the information contained herein. I have not audited or reviewed the Initial Inventory or documents supporting the preparation of the Initial Inventory and, accordingly, do not express an opinion or any other form of assurance as to the accuracy of the information contained in the Initial Inventory.

Date signed by Preparer _____

Preparer Signature

Preparer Name

Preparer Taxpayer Identification #

Preparer Telephone #

Preparer Mailing Address

Preparer City, State, Zip

Preparer's Email Address: _____

**CERTIFICATION AND SIGNATURE OF
GUARDIAN'S ATTORNEY**

The undersigned hereby notifies the Court of the filing of the Initial Inventory of the guardian of the property. This Initial Inventory is the representation of the guardian. I have not audited the accompanying Initial Inventory. The undersigned attorney represents that he/she has examined the contents of this Initial Inventory and that it conforms to the requirements of the Florida Guardianship Law.

Date signed by Attorney _____

Attorney Signature

Attorney Name

Attorney Florida Bar Number

Attorney Telephone #

Attorney Mailing Address

Attorney City, State, Zip

Guardian's Attorney Email Address: _____