

**IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT, IN AND FOR MIAMI-DADE COUNTY, FLORIDA PROBATE DIVISION**

Case Number: \_\_\_\_\_ Amended Form? : \_\_\_\_\_ If Yes, version of the Amended Form? : \_\_\_\_\_  
Guardianship Type: \_\_\_\_\_ IN RE: THE GUARDIANSHIP OF: \_\_\_\_\_ Section: \_\_\_\_\_

**INITIAL INVENTORY**

Guardianship Inception Date: \_\_\_\_\_ Report Type: \_\_\_\_\_ Ward's Social Security Number: \_\_\_\_\_  
Guardian Type \_\_\_\_\_ Guardian Name: \_\_\_\_\_ Name of Representative Payee for Social Security Income: \_\_\_\_\_

**SUMMARY**

1. Net Value of Real Property Assets/Encumbrances: from Section A	
2. Cash Assets: from Section B	
3. Intangible Assets: from Section C	
4. Personal Property: from Section D	
5. Total:	

**SECTION A. REAL PROPERTY ASSETS AND ENCUMBRANCES**

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
<p><b>1</b>      <b>Description of Property:</b></p> <p>_____</p> <p><b>Street Address:</b></p> <p>_____</p> <p><b>City:</b>                      <b>State:</b>                      <b>Zip:</b></p> <p>_____</p> <p><b>Name of Joint Owner:</b></p> <p>_____</p> <p><b>Street Address:</b></p> <p>_____</p> <p><b>City:</b>                      <b>State:</b>                      <b>Zip:</b></p> <p>_____</p>				
<p><b>Encumbrance 1</b></p> <p><b>Name of Entity:</b></p> <p>_____</p> <p><b>Account Number:</b></p> <p>_____</p> <p><b>Street Address:</b></p> <p>_____</p> <p><b>City:</b>                      <b>State:</b>                      <b>Zip:</b></p> <p>_____</p> <p><b>Name of Joint Obligor:</b></p> <p>_____</p> <p><b>Street Address:</b></p> <p>_____</p> <p><b>City:</b>                      <b>State:</b>                      <b>Zip:</b></p> <p>_____</p>				

**Total for Section A (Total to be transferred to line 1 of Summary Page)**

**SECTION B. CASH ASSETS**

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	Full Value	How Titled	Ward's %	Ward's Value
1.	<b>Institution Name:</b> _____ <b>Type of Asset:</b> _____ <b>Account Number:</b> _____ <b>Street Address:</b> _____ <b>City:</b> <b>State:</b> <b>Zip:</b> _____ <b>Name of Joint Owner:</b> _____ <b>Street Address:</b> _____ <b>City:</b> <b>State:</b> <b>Zip:</b> _____				

**Total for Section B (Total to be transferred to line 2 of Summary Page)**

**SECTION C. INTANGIBLE ASSETS**

Account Receivable / Non Business, Annuity, Bonds, Deferred Compensation, IRA, Life Insurance / Cash Surrender, Limited Liability Company, Limited Partnership / SEC, Loans, Money Market / Mutual Fund, Notes, Prepaid College Fund, Retirement Plan, Stocks, Other.

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	Full Value	How Titled	Ward's %	Ward's Ending Value
1.	<p><b>Issuer Name:</b> _____</p> <p><b>Type of Asset:</b> _____</p> <p><b>Account Number:</b> _____</p> <p><b>Number of Shares:</b> _____</p> <p><b>Street Address:</b> _____</p> <p><b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____</p> <p><b>Name of Joint Owner:</b> _____</p> <p><b>Street Address:</b> _____</p> <p><b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____</p>	_____	_____	_____	_____

**Total for Section C (Total to be transferred to line 3 of Summary Page)**

**SECTION D. PERSONAL PROPERTY ASSETS**

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	Inventory Value	How Titled	Ward's %	Ward's Value
1.	<b>General Description:</b> _____ <b>Type of Asset:</b> _____ <b>Street Address:</b> _____ <b>City:</b> <b>State:</b> <b>Zip:</b> _____ <b>Name of Joint Owner:</b> _____ <b>Street Address:</b> _____ <b>City:</b> <b>State:</b> <b>Zip:</b> _____	_____	_____	_____	_____

**Total for Section D (Total to be transferred to line 4 of Summary Page)**

**SECTION E. SECURED/UNSECURED LIABILITIES**

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	Full Amount of Liability	How Titled	Ward's %	Ward's Share of Amount Due
1.	<b>Creditor Name:</b> _____ <b>Account Number:</b> _____ <b>Type of Liability:</b> _____ <b>Description of Security, if any:</b> _____ <b>Street Address:</b> _____ <b>City:</b> <b>State:</b> <b>Zip:</b> _____ <b>Name of Joint Obligor:</b> _____ <b>Street Address:</b> _____ <b>City:</b> <b>State:</b> <b>Zip:</b> _____	_____	_____	_____	_____

**Total for Section E**

**SECTION F. SOURCES OF INCOME**

Note: Select Sources of Income from Drop-down Menu

#	Type	Payor	Estimated Annual Amount
1	_____	_____	_____

**SECTION G. LAWSUITS AGAINST THE WARD**

#	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: _____	_____	_____

**SECTION H. PENDING LITIGATION AND/OR LAWSUITS THE WARD MAY BRING IF THE COURT S APPROVAL IS RECEIVED**

#	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: _____	_____	_____

**SECTION I. THE WARD AS OF THE GUARDIANSHIP INCEPTION DATE WAS ENTITLED TO RECEIVE, BUT HAD NOT. RECEIVED, THE FOLLOWING**

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

#	Description	Estimated Date of Receipt	Estimated Amount
1	_____	_____	_____

**SECTION J. TRUSTS**

Note: Enter Name of Trustee. If Corporate Trustee, select Custodian or Trustee / Successor Trustee

#	Name of Current Trustee, Account, and Addresses	Ward's Interest	Estimated Date Trust was Created	Amount of Trust
1.	<b>Name of Trustee:</b> _____ <b>Financial Institution is:</b> _____ <b>Street Address:</b> _____ <b>City:</b> <b>State:</b> <b>Zip:</b> _____            _____            _____	_____	_____	_____

**SECTION K. HAZARD & LIABILITY POLICIES, ANNUITIES/LIFE INSURANCE/DISABILITY/LONG TERM CARE POLICIES**

Note: If any of the below items listed in Section K is not currently paying benefits, report full value of the same item also in Section C (Intangible Assets). Do not report in Section C if the item is currently paying benefits.

#	Name of Issuer, Address, Account Number	Type of Insured Interest	Status	Description of Insured Interest
1	<b>Name of Issuer:</b> _____ <b>Policy Number:</b> _____ <b>Street Address:</b> _____ <b>City:</b> <b>State:</b> <b>Zip:</b> _____            _____            _____	_____	_____	_____

**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 A is attached.
- Proof of the items for Section B is attached.
- Proof of the items for Section C is attached.
- Proof of the items for Section D is attached.
- Proof of the items for Section E 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 accounting, and the facts alleged are true, to the best of my knowledge and belief.

<b>Guardian Signature</b> _____	<b>Guardian Name</b> _____	<b>Date signed by Guardian</b> _____	
<b>Guardian Taxpayer Identification #</b> _____	<b>Guardian Telephone #</b> _____	<b>Guardian's Email Address</b> _____	
<b>Guardian Mailing Address</b> _____	<b>City</b> _____	<b>State</b> _____	<b>Zip</b> _____

**CO-GUARDIAN**

<b>Co-Guardian Signature</b> _____	<b>Co-Guardian Name</b> _____	<b>Date signed by Co-Guardian</b> _____	
<b>Co-Guardian Telephone #</b> _____	<b>Co-Guardian Taxpayer Identification #</b> _____	<b>Co-Guardian's Email Address</b> _____	
<b>Co-Guardian Mailing Address</b> _____	<b>City</b> _____	<b>State</b> _____	<b>Zip</b> _____

**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.

<b>Preparer Signature</b> _____	<b>Date Signed by Preparer</b> _____	<b>Preparer Name</b> _____	
<b>Preparer Taxpayer Identification #</b> _____	<b>Preparer Telephone #</b> _____	<b>Preparer's Email Address:</b> _____	
<b>Preparer Mailing Address</b> _____	<b>Preparer City</b> _____	<b>State</b> _____	<b>Zip</b> _____

**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.

<b>Attorney Signature</b> _____	<b>Date signed by Attorney</b> _____	<b>Attorney Name</b> _____	
<b>Attorney Florida Bar Number</b> _____	<b>Attorney Telephone #</b> _____	<b>Attorney Email Address</b> _____	<b>Attorney Fax #</b> _____
<b>Attorney Mailing Address</b> _____	<b>Attorney City</b> _____	<b>State</b> _____	<b>Zip</b> _____