



Initial Inventory

Pursuant to F.S. 744.362, the Report with Original Signatures is due within 60 days after his or her Letters of Guardianship were signed.

In the Circuit Court, Fifth Judicial Circuit, Florida

For Official Use Only:

IN RE: GUARDIANSHIP OF:	
Guardianship Type:	
Case Number:	
Guardianship Inception Date:	
Guardian Name:	
Co-Guardian Name:	
Attorney Name:	
Amended:	

This Report, with original signatures, and all supporting documentation is due within **60** days **after** the Letters of Guardianship were signed.

SUMMARY	
1. Net Value of Real Property Assets/Encumbrances: From Section 1 – page 2	
2. Cash Assets: From Section 2 – page 4	
3. Intangible Assets: From Section 3 – page 5	
4. Personal Property: From Section 4 – page 6	
5. Other Encumbrances/Liabilities: From Section 5 – page 7	
TOTAL	

Ward Name:

Case Number:

1. Real Property Assets and Encumbrances Do you have entries for Section 1: Yes No

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	Lien on Property?	Full Value	Ward's %	Ward's \$ Value
1	Property Type:				
	Property Title:				
	Street Address:				
	City: State: Zip:				
	Co-Owners Street Address:				
	City: State: Zip:				
	Mortgage/Lien:	Account #			
	Name of Mortgagor/Lienholder:				
	Street Address:				
	City: State: Zip:	Account #			
	Second Mortgage/Lien:				
	Name of Mortgagor/Lienholder:				
	Street Address:				
City: State: Zip:					
2	Property Type:				
	Property Title:				
	Street Address:				
	City: State: Zip:				
	Co-Owners Street Address:				
	City: State: Zip:				
	Mortgage/Lien:	Account #			
	Name of Mortgagor/Lienholder:				
	Street Address:				
	City: State: Zip:	Account #			
	Second Mortgage/Lien:				
	Name of Mortgagor/Lienholder:				
	Street Address:				
City: State: Zip:					
3	Property Type:				
	Property Title:				
	Street Address:				
	City: State: Zip:				
	Co-Owners Street Address:				
	City: State: Zip:				
	Mortgage/Lien:	Account #			
	Name of Mortgagor/Lienholder:				
	Street Address:				
	City: State: Zip:	Account #			
	Second Mortgage/Lien:				
	Name of Mortgagor/Lienholder:				
	Street Address:				
City: State: Zip:					

Ward Name:

Case Number:

#	Description and Address	Lien on Property?	Full Value	Ward's %	Ward's \$ Value	
4	Property Type:					
	Property Title:					
	Street Address:					
	City: State: Zip:					
	Co-Owners Street Address:					
	City: State: Zip:					
	Mortgage/Lien:					Account #
	Name of Mortgagor/Lienholder:					
	Street Address:					
	City: State: Zip:					
	Second Mortgage/Lien:					Account #
	Name of Mortgagor/Lienholder:					
	Street Address:					
City: State: Zip:						
5	Property Type:					
	Property Title:					
	Street Address:					
	City: State: Zip:					
	Co-Owners Street Address:					
	City: State: Zip:					
	Mortgage/Lien:					Account #
	Name of Mortgagor/Lienholder:					
	Street Address:					
	City: State: Zip:					
	Second Mortgage/Lien:					Account #
	Name of Mortgagor/Lienholder:					
	Street Address:					
City: State: Zip:						
6	Property Type:					
	Property Title:					
	Street Address:					
	City: State: Zip:					
	Co-Owners Street Address:					
	City: State: Zip:					
	Mortgage/Lien:					Account #
	Name of Mortgagor/Lienholder:					
	Street Address:					
	City: State: Zip:					
	Second Mortgage/Lien:					Account #
	Name of Mortgagor/Lienholder:					
	Street Address:					
City: State: Zip:						
Total for Section 1 (Net Value to be transferred to Section of Summary Page)						

Ward Name:

Case Number:

2. Cash Assets **Do you have entries for Section 2:** Yes No

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%.

#	Institution Name, Account Number, Address & Joint Owner information (If any)	Type of Asset	Restricted Depository Account	Ending Balance
1	Institution Name:			
	Account Number:			
	Street Address:			
	City: State: Zip:			
	Name of joint owner:			
	Street Address:			
	City: State: Zip:			
2	Institution Name:			
	Account Number:			
	Street Address:			
	City: State: Zip:			
	Name of joint owner:			
	Street Address:			
	City: State: Zip:			
3	Institution Name:			
	Account Number:			
	Street Address:			
	City: State: Zip:			
	Name of joint owner:			
	Street Address:			
	City: State: Zip:			
4	Institution Name:			
	Account Number:			
	Street Address:			
	City: State: Zip:			
	Name of joint owner:			
	Street Address:			
	City: State: Zip:			
5	Institution Name:			
	Account Number:			
	Street Address:			
	City: State: Zip:			
	Name of joint owner:			
	Street Address:			
	City: State: Zip:			
6	Institution Name:			
	Account Number:			
	Street Address:			
	City: State: Zip:			
	Name of joint owner:			
	Street Address:			
	City: State: Zip:			
Total for Section 2 (Total to be transferred to Section 2 of Summary Page)				

Ward Name:

Case Number:

3. Intangible Assets **Do you have entries for Section 3:** Yes No

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 asset, 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 (cash value of Life Insurance) should be the amount reflected on the brokerage or other similar account statement.

#	Issuer Name, Address	Full Value	How Titled	Ward's %	Ward's Value
1	Issuer Name:				
	Type of Asset:				
	Number of Shares:				
	Street Address:				
	City: State: Zip:				
	Name of joint owner:				
	Street Address:				
	City: State: Zip:				
2	Issuer Name:				
	Type of Asset:				
	Number of Shares:				
	Street Address:				
	City: State: Zip:				
	Name of joint owner:				
	Street Address:				
	City: State: Zip:				
3	Issuer Name:				
	Type of Asset:				
	Number of Shares:				
	Street Address:				
	City: State: Zip:				
	Name of joint owner:				
	Street Address:				
	City: State: Zip:				
4	Issuer Name:				
	Type of Asset:				
	Number of Shares:				
	Street Address:				
	City: State: Zip:				
	Name of joint owner:				
	Street Address:				
	City: State: Zip:				
5	Issuer Name:				
	Type of Asset:				
	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)					

Ward Name:

Case Number:

4. Personal Property Assets Do you have entries for Section 4: Yes No

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	General Description:				
	Type of Asset:				
	Street Address:				
	City: State: Zip:				
	Name of joint owner:				
	Street Address:				
City: State: Zip:					
2	General Description:				
	Type of Asset:				
	Street Address:				
	City: State: Zip:				
	Name of joint owner:				
	Street Address:				
City: State: Zip:					
3	General Description:				
	Type of Asset:				
	Street Address:				
	City: State: Zip:				
	Name of joint owner:				
	Street Address:				
City: State: Zip:					
4	General Description:				
	Type of Asset:				
	Street Address:				
	City: State: Zip:				
	Name of joint owner:				
	Street Address:				
City: State: Zip:					
5	General Description:				
	Type of Asset:				
	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)					

Ward Name:

Case Number:

5. 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.

Do you have entries for Section 5: Yes No

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

Ward Name:

Case Number:

6. Sources of Income		Do you have entries for Section 6: <input type="checkbox"/> Yes <input type="checkbox"/> No	
#	Type	Payor	Estimated Annual Amount
1			
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Ward Name:

Case Number:

7. Lawsuits Against the Ward		Do you have entries for Section 7: <input type="checkbox"/> Yes <input type="checkbox"/> No	
#	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:		

Ward Name:

Case Number:

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

Do you have entries for Section 8: Yes No

#	Description of Lawsuit & Court Addresses	Date of Debt 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:		

Ward Name:

Case Number:

9. 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.

Do you have entries for Section 9: Yes No

	Description	Estimated Date of Receipt	Estimated Amount
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Ward Name:

Case Number:

10. Trusts		Do you have entries for Section 10: <input type="checkbox"/> Yes <input type="checkbox"/> No		
#	Name of Trustee, Account, and Addresses	Ward's Interest	Estimated/Actual Date (Trust was created)	Amount of Trust
1	Name of Trustee:			
	Account #:			
	Financial Institution is:			
	Trustee Street Address:			
	City: State: Zip:			
2	Name of Trustee:			
	Account #:			
	Financial Institution is:			
	Trustee Street Address:			
	City: State: Zip:			
3	Name of Trustee:			
	Account #:			
	Financial Institution is:			
	Trustee Street Address:			
	City: State: Zip:			
4	Name of Trustee:			
	Account #:			
	Financial Institution is:			
	Trustee Street Address:			
	City: State: Zip:			
5	Name of Trustee:			
	Account #:			
	Financial Institution is:			
	Trustee Street Address:			
	City: State: Zip:			
6	Name of Trustee:			
	Account #:			
	Financial Institution is:			
	Trustee Street Address:			
	City: State: Zip:			
7	Name of Trustee:			
	Account #:			
	Financial Institution is:			
	Trustee Street Address:			
	City: State: Zip:			

Ward Name:

Case Number:

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

Do you have entries for Section 11: Yes No

#	Name of Issuer, Address, Account Number	Type of Insured Policy	Status	Description of Interest Insured
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)

- The Ward was declared totally incapacitated and has not been given a copy of this Initial Inventory.
- The Ward is a minor (**under the age of 14**) and has not been given a copy of this Initial Inventory.
- 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.
- A copy of safe-deposit box inventory was provided to the Ward.
- 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.
- Proof of the items for Section 10 (SNT/Pooled/QIT only) is attached.
- The surety bond as required by court order has been posted.
- The blanket surety bond for a professional guardian has been posted.
- The required audit fee is attached.

I certify that the foregoing document has been furnished to _____ at
by _____ on _____

UNDER PENALTIES OF PERJURY, I declare that I have read and examined the foregoing Initial Inventory, and the facts alleged are true, to the best of my knowledge and belief. **THIS MUST HAVE A WET SIGNATURE.**

Guardian

Date signed by Guardian

Guardian Signature

Guardian Name

Guardian Taxpayer Identification #

Guardian Telephone #

Guardian Mailing Address

Guardian Email Address

City State Zip Code

Guardian Relationship to Ward

Ward Name:

Case Number:

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 Email Address

City State Zip Code

Co-Guardian Relationship to Ward

This area is intentionally left blank

Ward Name:

Case Number:

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 Email Address

City State Zip Code

**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 Identification #

Attorney Telephone #

Attorney Mailing Address

Attorney Email Address

City State Zip Code