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8 IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
9 IN AND FOR THE COUNTY OF KING

10 In the Guardianship of:) Case No.:
11)
12) GUARDIANSHIP INVENTORY
13)
14)
15)
16)
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20)
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23)
24)
25)
26)
An Incapacitated Person.) (INV)

COMES NOW _____ (name) the [] Full [] Limited Guardian
of the Estate, states that the following is a true and correct inventory of the assets and
liabilities of the Incapacitated Person as of the date of Order Appointing the Guardian.

ASSETS

1. Real Estate: including the address and legal description of the property and its tax
assessed value: _____

2. Financial Accounts: including the name and branch of the financial institution, type
of account, the last four digits of the account number(s) and balance in each account (*for
example, savings, checking, money markets, certificate of deposit, retirement accounts, and
all investment accounts*):

3. Stocks, Bonds, and other Securities: (*not held in an account listed above*).

1 **4. Personal Property:** *(attach itemized list of all items valued at \$1,000 or more).*

2 Household Furnishings	\$
3 Automobile/Boats	\$
Other (including items on attached list)	\$

4 **5. Income:**

5 Description	Per Month
6 Income	\$
7 Social Security or SSI	\$
8 Veterans Benefits	\$
Pension	\$
Dividends and Interest	\$
Other:	\$

9
10 **LIABILITIES/DEBTS**

11 **1. Mortgages and Liens:** name and address of each mortgage or lien holder and the
12 amount owing the property encumbered: _____

13 **2. Installment Loans and Notes:** name and address of each loan holder, the amount
14 owing and the amount due monthly: _____

15 **3. Credit Cards:** name and address of each credit card company, and the outstanding
16 balance owing on each: _____

17 I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE
18 STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT.

19 Signed at _____, Washington, _____, ____200__.

20
21 _____
Signature

Printed Name

22
23 _____
Address

Telephone/Fax Number

24
25 _____
City, State, Zip Code

Email Address