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**IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF PIERCE**

In the Guardianship of: _____) **Case No.:**
)
) **GUARDIANSHIP INVENTORY**
)
) Clerk's code: (INV)
) **Clerk's Action Required**
)
 An Incapacitated Person.)

NOTICE: THIS DOCUMENT SHALL BE PLACED UNDER SEAL BY THE CLERK OF THE COURT.

The Full Limited Guardian of the Estate, being first duly sworn, states that the following is a true and correct inventory of the assets and liabilities of the Incapacitated Person as of the date of the Order Appointing the Guardian.

ASSETS

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

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

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	Name of Financial Institution	Account Type	Acct. # <i>(last 4 digits only)</i>	Balance	As of Date
Address					
Address					

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

	Name of Financial Institution	Account Type	Acct. # <i>(last 4 digits only)</i>	Balance	As of Date
Address					
Address					

4. Personal Property Summary:

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

(Attach itemized list of only those items valued at \$1,000 or more.)

TOTAL ASSETS \$ _____

INCOME

Description	Per Month
Wages	\$
Supplemental Security Income (SSI)	\$
Social Security <input type="checkbox"/> Retirement <input type="checkbox"/> Disability	\$
Veteran's Benefits <input type="checkbox"/> Retirement <input type="checkbox"/> Disability	\$
Pension	\$
Dividends and Interest	\$
Other:	\$

TOTAL INCOME \$ _____

LIABILITIES/DEBTS

Mortgages and Liens: name and address of each mortgage or lien holder, the amount owing, the property encumbered, and the amount due monthly: _____

Installment Loans and Notes: name and address of each loan holder, the amount owing, and the amount due monthly: _____

Credit Cards: name and address of each credit card company, the outstanding balance owing on each, and the amount due monthly: _____

TOTAL LIABILITIES/DEBTS \$ _____

SUPPLEMENTAL INFORMATION (OPTIONAL)

SIGNED at _____, Washington this _____ day of _____, 200_____.

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

Signature of Attorney / Guardian

Printed Name of Attorney / Guardian, WSBA/CPG #

Address

Telephone/Fax Number

City, State, Zip Code

Email Address