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

In the Guardianship of: \_\_\_\_\_ ) Case No.: \_\_\_\_\_  
\_\_\_\_\_ )  
\_\_\_\_\_ ) GUARDIANSHIP INVENTORY  
\_\_\_\_\_ )  
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*).  
\_\_\_\_\_

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

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

**5. Income:**

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

**LIABILITIES/DEBTS**

- 1. Mortgages and Liens:** name and address of each mortgage or lien holder and the amount owing the property encumbered: \_\_\_\_\_
- 2. Installment Loans and Notes:** name and address of each loan holder, the amount owing and the amount due monthly: \_\_\_\_\_
- 3. Credit Cards:** name and address of each credit card company, and the outstanding balance owing on each: \_\_\_\_\_

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

Signed at \_\_\_\_\_, Washington, \_\_\_\_\_, \_\_\_\_ 200\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone/Fax Number

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Email Address