

## Instructions - Guardian Inventory

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A Judgment of Incapacity may direct the filing, usually within ninety (90) days, of an inventory of the estate of the incapacitated person. Always check the Judgment to confirm the deadline for filing as well as who must be served with a copy of the inventory. The Guardian Inventory form should be used for an initial inventory as well as any supplemental inventory. The need to file a supplemental inventory may arise from the terms of the Judgment (i.e., “within 90 days, the guardian will file an initial inventory of the estate, and within 30 days after the sale of the real property located at \_\_\_\_\_, the guardian will file a supplemental inventory”) or based upon a response to the original inventory, as explained below.

The Guardian Inventory form is a three-page document to which additional sheets may be attached if necessary. The caption should be completed to reflect the name of the incapacitated person, the county of the guardianship, and the docket number, as well as to indicate whether the document is an initial or supplemental inventory. If you are the only guardian of the estate, then you alone must date and sign below the certification language. If there is more than one guardian of the estate, then all such guardians must date and sign the certification. Below the lines for signatures is a section for “RECAPITULATION” in which the information set forth in the following schedules is restated to provide an overview of the inventory. As noted at the bottom of page 1, the inventory must list all assets, regardless of whether such assets are located in New Jersey or out-of-state. The inventory must be completed as to all schedules, and the proper entry for any schedule without corresponding assets is “NONE”.

Specific instructions are provided as to each schedule included in the inventory. You should follow these directions carefully and attach additional pages as needed. If you are handling a complex and/or highly valuable guardianship estate, then you may wish to consult with an attorney or an accountant to assist you in completing the Inventory Form. Even if you retain a professional for assistance, the inventory must be filed by the guardian(s) personally and not by the attorney or accountant. Note that Schedule A - Real Property, and Schedule B - Stocks, Bonds, Mutual Funds, Securities and Investment Accounts, include two (2) columns for valuation. For real property, you are asked to provide both the municipal tax assessed value and the market value. For Schedule B, you are asked to provide both face value and market value. To calculate the totals for these schedules, add together the market value amounts.

At the bottom of page 3 is a certification of service which must be completed prior to filing. As noted at the top of page 1, the inventory must presumptively be served by the guardian(s) on all interested persons listed in the verified complaint for guardianship, as well as any parties who subsequently entered an appearance in the action. You should check the Judgment to determine if you are required to serve the inventory on the attorney appointed for the incapacitated person during the guardianship action, or on any other individual or entity. The Judgment may also specify how service should be effectuated (i.e., certified mail). Remember that when you file the original inventory, you must pay a fee of \$5/page to the Surrogate.

Read closely the “NOTICE TO INTERESTED PARTIES” at the very bottom of page 3. After you have filed and served your inventory, the parties who received a copy may file an objection containing the specific factual or legal basis for the objection. Parties in interest are specifically directed to advise the Surrogate as well as the guardian(s) if they are aware of any property that should be included in the incapacitated person's estate but is not set forth in the inventory. After filing and serving your inventory, and waiting twenty (20) days, you may wish to contact the Surrogate to confirm that no objection, nor any notice of additional property, was filed by any party in interest. In the event that an objection is

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filed, or if a party advises you of additional property that should be listed as part of the incapacitated person's estate, you must file a supplemental inventory, following essentially the same process as utilized for the original inventory but now including whatever property was missing from the original submission. The filing of an objection with the Surrogate, and/or written notice to the guardian of assets belonging to the incapacitated person and not set forth in the inventory, will not bring the matter before the Superior Court for further proceedings. If a dispute as to the assets of the guardianship estate is not resolved upon the filing of an initial or supplemental inventory, then any party in interest may file a Verified Complaint or Motion for further relief.

**Guardian Inventory Form**

In the Matter of the Estate of,

\_\_\_\_\_  
, an Incapacitated Person**Superior Court of New Jersey  
Chancery Division - Probate Part**

County of \_\_\_\_\_

Docket No. \_\_\_\_\_

**Guardianship  
Estate Inventory**☐ Original☐ Supplemental

Within ninety days (90) following appointment, the guardian(s) of the estate shall file an original inventory with the Surrogate, as Deputy Superior Court Clerk, Chancery Division, Probate Part, and serve a copy of the inventory and valuation on the interested persons named in the verified guardianship complaint and those who subsequently appeared in the action or to whom the court directs.

The Guardian(s) of the Estate certify and say:

The following schedules contain a complete and accurate inventory and valuation of all real and personal property of this estate, so far as the undersigned is informed.

I/we certify that the foregoing statements made by me/us are true. I/we am/are aware that if any of the foregoing statements made by me/us are willfully false, I/we am/are subject to punishment.

Date \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_  
Type or Print Name

Date \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_  
Type or Print Name**Recapitulation**

Schedule A - Real Property	\$0
Schedule B - Stocks, Bonds, Mutual Funds, Securities and Investment Accounts	\$0
Schedule C - Cash, Bank Accounts, Notes Due	\$0
Schedule D - Pensions, Retirement Accounts, Annuities, Profit Sharing Plans	\$0
Schedule E - Miscellaneous Personal Property	\$0
Gross Value	(Add Schedules A, B, C, D, and E) \$0
Schedule F - Encumbrances	\$(0)
Total Net Estate	(Gross Value Minus Schedule F) \$0
Schedule G - Monthly Income	\$0

Note: When completing the following schedules, please list all assets, regardless of its situs. All out-of-state assets must be disclosed. Enter "NONE" for schedules without corresponding assets.

**Guardian Inventory Form**

**Schedule A - Real Property.** All interests in real property including real property held in common or jointly with other and, if held jointly, describe the interest. If none, so state.

Item #	Description: Address (include county and state)	Municipal Tax	
		Assessed Value	Market Value
1.		\$	\$
2.		\$	\$
Total Schedule A (also enter under recapitulation, page 1)			<b>\$0</b>

**Schedule B - Stocks, Bonds Mutual Funds, Securities and Investment Accounts.** Include all interests in stocks, bonds, mutual funds, securities and investment accounts including interests held in common or jointly with other and, if held jointly, describe the interest. If none, so state.

Item #	Description: (include name of financial institution, account type, number of shares or last four digits of account and date value fixed.)	Face Value	Market Value
1.		\$	\$
2.		\$	\$
Total Schedule B (also enter under recapitulation, page 1)			<b>\$0</b>

**Schedule C - Money on hand, checking and savings accounts and certificates of deposit in banks and notes or other indebtedness due the incapacitated person.** If none, so state.

Item #	Description: (include name of financial institution, account type, last four digits of accounts and date value fixed.)	Value
1.		\$
2.		\$
Total Schedule C (also enter under recapitulation, page 1)		<b>\$0</b>

**Schedule D - Pensions, retirement accounts (IRA's, 401(k), annuities, profit sharing plans *et cetera*).** Include last four digits of account. If none, so state.

Item #	Description: (include name of financial institution, account type, last four digits of accounts and date value fixed.)	Value
1.		\$
2.		\$
Total Schedule D (also enter under recapitulation, page 1)		<b>\$0</b>

**Schedule E - Miscellaneous Personal Property - (tangible personal property, motor vehicles, recreation vehicles, employment bonus or award, interest in a partnership or unincorporated business, articles or collections having either artistic or intrinsic value, *et cetera*).** If none, so state.

Item #	Description:	Value
1.		\$
2.		\$
Total Schedule E (also enter under recapitulation, page 1)		<b>\$0</b>

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**Schedule F - Liabilities/ Encumbrances.** If any asset listed in this Inventory has a secured associated debt, such as a mortgage or a car loan, indicate below. List all other debts. If none, so state.

Item #	Description:	Encumbrance Amount
1.		\$
2.		\$
Total Schedule F (also enter under recapitulation, page 1)		<b>\$0</b>

## Schedule G - Sources of Monthly Income

Item #	Description:	Monthly Amount
1.		\$
2.		\$
Total Schedule G (also enter under recapitulation, page 1)		<b>\$0</b>

## Guardian Inventory Form

### Service

I certify that on \_\_\_\_\_ (date), a copy of this report was served on each of the following interested parties (*e.g.*, incapacitated person's spouse, parents, siblings, children *et cetera*):

Name of Person Sent this Document	Relationship to Incapacitated Person	Address	Manner of Service (US Mail, Personal Service)

(attach additional information as necessary)

### Certification

\_\_\_\_\_, (*insert your name*), certifies that I am the Guardian of the \_\_\_\_\_ within named incapacitated person and that the attached annual report and schedule(s) (is) (are), to the best of my personal knowledge, complete and true statement of my activities as such Guardian. I certify that any of the foregoing statements made by me are true. I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements are willfully false, I am subject to punishment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Print Name

### Notice to Interested Parties

This inventory will be filed as presented to the Probate Part unless a written objection, containing the specific factual or legal basis for the objection, is filed with the \_\_\_\_\_ County Surrogate, acting as Deputy Superior Court Clerk, Chancery Division, Probate Part within 20 days.

The Surrogate, as Deputy Superior Court Clerk, Chancery Division, Probate Part, has not independently verified the value of the items on the inventory or the fact that they are the only assets of the estate. If you are aware of other property of the incapacitated person's estate that is not listed herein, send the Guardian(s) and the above named Surrogate's office a description of the property and its value, if known.