COURT OF COMMON PLEAS
_____ COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION

GUARDIAN'S INVENTORY FOR AN INCAPACITATED PERSON

Estate of: _____ _____, an Incapacitated Person
Name of Incapacitated Person

Case File No: _____

DATE COURT APPOINTED YOU AS GUARDIAN: _____

PART I: INTRODUCTION

Inventory type:

☐ Initial

☐ Amended

PART II: ASSETS (PRINCIPAL)

1. List all bank accounts, real estate, burial accounts, and other personal property below. If the property is owned by both the incapacitated person and others, indicate in the last column the name of the co-owner.

Asset	Value	Name of Co-Owner(s)
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
TOTAL	$ **0.00**	

2. Is any property (specifically bank accounts or real estate) co-owned by the Incapacitated Person and the guardian?

☐ Yes
☐ No

If **yes:**

a. On what date was the property acquired? _____
b. On what date was the guardian's name added? _____
c. The guardian is:
   ☐ an individual having access or control over the account
   ☐ an owner of the account

3. Does the Incapacitated Person have a homeowners insurance policy for real property?

☐ Yes(Copy of policy to be provided upon request)
☐ No

If **yes:**

a. Carrier: _____
b. Coverage period: _____

4. Does the Incapacitated Person have an automobile insurance policy?

☐ Yes(Copy of policy to be provided upon request)
☐ No

If **yes:**

a. Carrier: _____
b. Coverage period: _____

5. Does the Incapacitated Person have a safe deposit box?

☐ Yes, in sole name
☐ Yes, in joint name(s). List the name(s) of joint owner(s): _____
☐ No

If **yes:**

a. Location of safe deposit box: _____
b. Are there plans to inventory the contents?
   ☐ Yes
   ☐ No

PART III: ANNUAL INCOME

1. List all sources of income for the Incapacitated Person:

Does the Incapacitated Person receive any of the following as income?		Specify Amount
Alimony or Support	☐ Yes ☐ No	$
Annuity Payments	☐ Yes ☐ No	$
Dividends	☐ Yes ☐ No	$
Interest Income	☐ Yes ☐ No	$
IRA Distributions	☐ Yes ☐ No	$
Long Term Care Insurance Benefits	☐ Yes ☐ No	$
Pension/Retirement Benefits (for example: 401(k), 403(b), etc.)	☐ Yes ☐ No	$
Public Assistance	☐ Yes ☐ No	$
Rental Property Income	☐ Yes ☐ No	$
Royalties (including from mineral and land rights)	☐ Yes ☐ No	$
Social Security Benefits (Retirement, Disability, SSI)	☐ Yes ☐ No	$
Tax Refund	☐ Yes ☐ No	$
Trust Income	☐ Yes ☐ No	$
Veterans Benefits (disability/pension/aid and attendance)	☐ Yes ☐ No	$
Wages	☐ Yes ☐ No	$
Worker's Compensation Benefits	☐ Yes ☐ No	$
Other	☐ Yes ☐ No	$
	TOTAL	**$ 0.00**

PART IV: LIABILITIES / DEBTS

1. List all debts the Incapacitated Person owes, including mortgages, loans, credit card debt, etc.

Liabilities/Debts	Lender	Value
		$
		$
		$
		$
		$
		$
		$
	TOTAL DEBTS:	$ **0.00**

PART V: GUARDIAN COVERAGE

1. Was a surety bond required by the decree appointing you as guardian?
   - ☐ Yes (Please attach a copy of the bond)
   - ☐ No

2. Are you a professional guardianship agency or an attorney serving as a guardian?
   - ☐ Yes
   - ☐ No

   If **yes**, do you have professional liability coverage?
   - ☐ Yes (Please attach a copy of the insurance policy)
   - ☐ No

   If **no**, explain: _____

PART VI: PERSONAL CARE PLAN

1. Can the Incapacitated Person remain in his or her current residence with assistance, or in the home of a relative?

☐ Yes
☐ No
☐ N/A - The Incapacitated Person is already in a supervised residential setting

If **yes**:

a. List the name of the responsible family member:

_____

b. What services does the Incapacitated Person require?

☐ Services from local Area Agency on Aging
☐ Private Companion/Assistance Service
Number of days per week: _____
Number of hours per week: _____
☐ Assistance from family members
Will compensation be provided?
☐ Yes
☐ No
If **yes**, indicate compensation amount: $ _____

2. Will the Incapacitated Person be moved into a supervised residential setting?

☐ Yes
☐ No
☐ N/A - The Incapacitated Person is already in a supervised residential setting

If **yes**:

a. Indicate the type of supervised residential setting:

☐ Domiciliary Care
☐ Personal Care
☐ Boarding Home / Group Home
☐ Assisted Living Facility
☐ Nursing Home
☐ Other

b. Describe the steps that are being taken to move the Incapacitated Person into a supervised residential setting.

_____
_____
_____
_____

3. What is the current address of the Incapacitated Person?

_____

_____

_____

PART VII: FINANCIAL PLAN

1. Complete the following table using initial inventory or most recent amended inventory.

a. Total Annual Income (Part III, Question 1) $ 0.00

b. Annual estimated expenses $ _____

c. Net Income (a minus b) $ 0.00

d. Total assets (principal) (Part II, Question 1) $ 0.00

2. Is the net income listed above sufficient to care for the needs of the Incapacitated Person?

☐ Yes

☐ No, but assets (principal) are available if a court order approves expenditures

☐ No, and assets (principal) are not available

3. Indicate any applications for government benefits that have been submitted:

Application Type	Date of Submission
Social Security Disability Insurance (SSDI)	
Supplemental Security Income (SSI)	
Social Security Retirement Benefits	
Veterans Benefits	
Medical assistance, Long term care	
Medical assistance, Home Waiver	
Other (Explain: _____)	

4. Describe all real estate included in the estate and how it will be maintained or sold:

5. Prior to the appointment of a guardian, has an agent under a Power of Attorney been serving?

☐ Yes
☐ No

If **yes**, has an accounting ever been requested or filed with the Orphans' Court?

☐ Yes
☐ No

If **yes**, was the agent the same person as the guardian?

☐ Yes
☐ No

PART VIII: MEDICAL INFORMATION

1. Is a "no-code" (Do Not Resuscitate) provision in place for the incapacitated person?

☐ Yes
☐ No

2. When still capacitated, did the Incapacitated Person execute a durable power of attorney for health care or some other health care directive (including, but not limited to, a POLST, a living will, or a mental health care power of attorney)?

☐ Yes
☐ No

If **yes**, identify the authorized agent for making health care decisions:

3. Are you aware of any will or trust executed by the Incapacitated Person, or any funeral or burial wishes of the Incapacitated Person?

☐ Yes

☐ No

If **yes**, please explain:

_____

_____

_____

_____

Has a burial account been established for the Incapacitated Person?

☐ Yes

☐ No

If **yes**, what is the value of the burial account? $ _____

I verify that the foregoing information is correct to the best of my knowledge, information and belief; and that this verification is subject to the penalties of 18 Pa.C.S. §4904 relative to unsworn falsification to authorities.

I further acknowledge the Notice of Filing must be served within 10 days of the filing of this report pursuant to Pa.R.O.C.P. 14.8(b). Service shall be in accordance with Pa.R.O.C.P. 4.3.

Date

Signature of Guardian of the Estate

Name of Guardian of the Estate (type or print)

Address

City, State, Zip

Home Phone Number

Office Phone Number

Cell Phone Number

Email

Date

Signature of Co-Guardian of the Estate (if applicable)

Name of Co-Guardian of the Estate (type or print)

Address

City, State, Zip

Home Phone Number

Office Phone Number

Cell Phone Number

Email