INVENTORY FILING FEE - **$15.00**

GUARDIAN'S INVENTORY

COURT OF COMMON PLEAS OF _____ COUNTY, PENNSYLVANIA

ORPHANS' COURT DIVISION

Estate of _____, } ☐ an Incapacitated Person ☐ a Minor

No._____

1. Real Estate: (Location, by whom occupied and rental terms, if applicable)	**Estimated Value:**
Sub-Total for Real Estate:	0.00

2. Personal Property:	**Estimated Value:**

3. Jointly Held Property: *(Set forth real and personal property owned by the Incapacitated Person JOINTLY with any other person(s). State whether held as tenants by the entireties; if not, whether the right of survivorship exists.)*	**Estimated Value:**
Jointly Held Property	

Estate of _____, } ☐ an Incapacitated Person ☐ a Minor

4. Anticipated Assets: **Estimated Value:**

(Set forth property of any kind expected to be acquired hereafter, together with anticipated date of acquisition.)

Property	*Anticipated Date of Acquisition*	

Sub-Total for Personal Estate: 0.00

(Attach additional sheets if necessary)

TOTAL OF ITEMS 1, 2, 3, and 4: 0.00

Commonwealth of Pennsylvania :
: ss.
County of _____ :

_____, says that the foregoing is a full,
Guardian
true and complete Inventory of the Estate of _____,

the aforesaid Incapacitated Person or Minor; and that all of the information set forth herein is

true and correct to the best of the Guardian's knowledge and belief.

I verify that the statements made in this)
Inventory are true and correct. I under-)
stand that false statements herein are)
made subject to the penalties of)
18 Pa.C.S. § 4904 relating to unsworn)
falsification to authorities.)

_____
Guardian

Attorney for Guardian: _____

Supreme Court I.D. No.: _____

Address: _____

_____

Telephone: _____