

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SOLANO	
STREET ADDRESS: 600 Union Avenue 321 Tuolumne Street MAILING ADDRESS: P.O. Caller 5000 321 Tuolumne Street CITY AND ZIP CODE: Fairfield, CA 94533 Vallejo, CA 94590	
IN RE THE GUARDIANSHIP OF: _____	
PRELIMINARY INVENTORY OF GUARDIANSHIP ESTATE <i>(PROBATE GUARDIANSHIPS)</i>	CASE NUMBER: _____

INSTRUCTIONS

Please provide as much information as you can about the proposed ward's assets.
Complete a separate form for each child.

I, _____, declare as follows:

1. A petition is currently pending for appointment of a guardian of the estate for the minor child named below:

Name: _____

Date of birth: _____

2. Is the child receiving any assets because he or she is named in a person's will or because he or she is an heir by intestate succession? No Yes (*please provide the information indicated below*)

Name of court handling estate: _____

Court's address: _____

Case number: _____

3. LIFE INSURANCE

a. Is the child a named beneficiary of any life insurance policies? No Yes I don't know

b. If yes, how many life insurance policies? 1 2 3 4 or more

c. Please provide the following information about each life insurance policy:

Name of insurance company: _____

Address: _____

Name of insured: _____

Relationship of ward to insured: _____

Amount of anticipated benefit payable to ward: _____

Was this policy through the insured's employer? Yes No I don't know

If yes, what is the name of the insured's employer? _____

Information on additional policies is attached to this form. (*Please be sure to include the case name and case number at the top of each page.*)

PRELIMINARY INVENTORY OF GUARDIANSHIP ESTATE

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4. PENSIONS, ANNUITIES AND OTHER EMPLOYMENT-RELATED OR RETIREMENT PLAN BENEFITS

a. Is the child a named beneficiary of any pension, annuity, retirement or other employment-related plans?
 Yes No I don't know

b. If yes, how many? 1 2 3 4 or more

c. Please identify the types of plans of which the child is a named beneficiary (*check all that apply*):

401(k) SEP IRA Roth IRA Rollover IRA Traditional IRA 457

California State Teachers Retirement System (CalSTRS)

California Public Employees Retirement System (CalPERS)

Federal Civil Service Retirement System (CSRS)

Federal Employee Retirement System (FERS)

Military

Other public employer pension

Private employer pension

d. Please provide the following information about each plan or annuity of which the child is a named beneficiary:

Name of plan: _____

Address: _____

Name of employee: _____

Relationship of ward to employee: _____

Amount of anticipated benefit payable to ward: _____

Was this policy through the insured's employer? Yes No I don't know

If yes, what is the name of the insured's employer? _____

Information on additional plans is attached to this form. (*Please be sure to include the case name and case number at the top of each page.*)

5. SOCIAL SECURITY MINOR CHILD SURVIVOR'S BENEFITS

Note: Minor child survivor's benefits are benefits payable by Social Security on a minor child's behalf due to the death of a parent. These benefits are considered the child's asset even if the benefits are payable to the surviving parent or to the guardian of the child's estate. In estimating the amount of the child's benefit, do not include any "widow/widower's" benefits payable to the deceased parent's surviving spouse.

a. Is the child currently receiving any Social Security survivor's benefits? No Yes (*please provide information indicated below*)

Monthly benefit amount: _____

b. If the child is currently receiving benefits, are you the named representative payee?

No Yes

If you are not the named representative payee, who is?

Name: _____ Phone number: _____

Address: _____

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c. Has the child received or will the child receive a lump sum benefit payment?
 Yes No I don't know
 If yes, what is the amount of the actual or anticipated lump sum payment? _____
 When was the payment received or when do you expect it? _____

Has Social Security required you (or will they require you) to place this payment in a dedicated account? Yes (*please provide the requested information below*) No
 Name of financial institution: _____
 Type of account: _____
 Account number: _____

d. If the child is not currently receiving Social Security survivor's benefits, have you applied for these benefits on the child's behalf? No Yes (*please provide information indicated below*)
 Date of application: _____
 Social Security office location (*address*): _____

e. If you have not applied for these survivor's benefits on the child's behalf, do you plan to apply?
 Yes No I don't know
 If yes, when do you plan to apply? Within _____ days Not sure

6. SOCIAL SECURITY SSI AND SSDI

Note: A child may be eligible for SSI or SSDI benefits if the child is disabled and/or comes within Social Security's income guidelines. Contact the Social Security Administration for more information about whether the child is eligible for benefits.

a. Is the child currently receiving Social Security Supplemental Security Income (SSI) or Social Security Disability Income (SSDI) benefits? No Yes I don't know
 If yes, what type of benefits is the child receiving? SSI SSDI Both
 What is the monthly benefit amount?: _____

b. Has the child received or will the child receive a lump sum SSI or SSDI benefit payment?
 Yes No I don't know
 If yes, what is the amount of the actual or anticipated lump sum payment? _____
 When was the payment received or when do you expect it? _____
 Has Social Security required you (or will they require you) to place this payment in a dedicated account? Yes (*please provide the requested information below*) No
 Name of financial institution: _____
 Type of account: _____
 Account number: _____

c. If the child is not currently receiving SSI or SSDI benefits, is the child eligible for these benefits?
 No Yes I don't know

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d. If the child is or might be eligible for SSI or SSDI benefits, have you applied for these benefits on the child's behalf? No Not yet, but I will apply Yes *(please provide information indicated below)*

Date of application: _____

Social Security office location (address): _____

7. REAL PROPERTY

a. Does the child own any real estate anywhere **within** the United States?
 Yes *(please provide information indicated below)* No I don't know

Type of property *(check all that apply)*:

- House Land (e.g. ranch, farmland, etc.) Commercial building
- Timeshare Other: _____

Property address: _____

Most recent owner: _____

Has an appraisal been done on this property within the last 12 months? Yes No I don't know

If yes, what was the appraised value? _____

Information on additional properties is attached to this form. *(Please be sure to include the case name and case number at the top of each page.)*

b. Does the child own any real estate **outside** the United States?
 Yes *(please provide information indicated below)* No I don't know

Type of property *(check all that apply)*:

- House Land (e.g. ranch, farmland, etc.) Commercial building
- Timeshare Other: _____

Property address: _____

Most recent owner: _____

Has an appraisal been done on this property within the last 12 months? Yes No I don't know

If yes, what was the appraised value? _____

Information on additional properties is attached to this form. *(Please be sure to include the case name and case number at the top of each page.)*

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8. BANK ACCOUNTS

- a. Is the child a beneficiary or owner of any bank accounts? Yes No I don't know
- b. If yes, how many accounts? 1 2 3 4 or more
- c. Please provide the following information about each bank account:

Financial institution: _____

Name(s) on account: _____

Type of account: _____

Balance on account: _____ as of (date): _____

Information on additional bank accounts is attached to this form. *(Please be sure to include the case name and case number at the top of each page.)*

9. STOCKS, BONDS, AND OTHER INVESTMENT ACCOUNTS

- a. Is the child an owner or beneficiary of any publicly-traded stocks? Yes No I don't know
- If yes, please provide the following information about each stock:

Name of stock : _____

Shareholder name: _____

Number of shares owned: _____

Information on additional stocks is attached to this form. *(Please be sure to include the case name and case number at the top of each page.)*

- b. Is the child an owner or beneficiary of any United States Savings Bonds?

Yes No I don't know

If yes, please provide the following information about each bond:

Date of issue : _____ Series: _____

Face value: _____

Child is: Owner Named beneficiary

Information on additional bonds is attached to this form. *(Please be sure to include the case name and case number at the top of each page.)*

- c. Is the child an owner or beneficiary of any other type of investment account?

Yes No I don't know

If yes, please provide the following information about each account:

Financial institution: _____

Name(s) on account: _____

Type of account: _____

Account balance or value: _____ as of (date): _____

Information on additional accounts is attached to this form. *(Please be sure to include the case name and case number at the top of each page.)*

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10. PERSONAL PROPERTY

- a. Does the child own any personal property other than what is listed above? *(For the purposes of this inventory, personal property includes furniture, artwork, antiques, and other personal items with a value of \$1,000 or more.)* Yes No I don't know

If yes, please provide as much information as you can about those assets:

Information on additional assets is attached to this form. *(Please be sure to include the case name and case number at the top of each page.)*

11. OTHER ASSETS

- a. Does the child own any other assets other than the ones already listed on this form?

Yes No I don't know

If yes, please provide as much information as you can about those assets:

Information on additional assets is attached to this form. *(Please be sure to include the case name and case number at the top of each page.)*

Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

(Type or print name)

(Signature of Declarant)