



IN RE GUARDIANSHIP OF:	CASE NUMBER:
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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? \_\_\_\_\_

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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:

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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:

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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)*