	1	
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY	
TELEPHONE NO.: FAX NO.(Optional):		
E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):		
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:		
CONFIDENTIAL PRELIMINARY INVENTORY OF PROBATE GUARDIANSHIP ESTATE	CASE NUMBER:	
INSTRUCTIONS		
Please provide as much information as you can about the Complete a <u>separate</u> form for <u>each</u> ch		
I,, declare as fo	llows:	
1. A petition is currently pending for appointment of a guardian of the es		
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? \Box] 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	e 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 [
If yes, what is the name of the insured's employer?		
☐ Information on additional policies is attached to this form. (Pl		
name and case number at the top of each page.)		

IN RE GUARDIANSHIP OF:		GUARDIANSHIP OF:	CASE NUMBER:
4.	PE	NSIONS, ANNUITIES AND OTHER EMPLOYMENT-RELATED OR	RETIREMENT PLAN BENEFITS
	a.	Is the child a named beneficiary of any pension, annuity, retirement	t 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 beneficiary:	of which the child is a named
		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	
If yes, what is the name of the insured's employer?		If yes, what is the name of the insured's employer?	
		Information on additional plans is attached to this form. (<i>Please</i> and case number at the top of each page.)	e be sure to include the case name
5.	SC	CIAL 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 <u>child's</u> 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 benefi information indicated below)	ts? No Yes (please provide
		Monthly benefit amount:	
	b.	If the child is currently receiving benefits, are you the named repres	sentative payee?
		□ No □ Yes	
		If you are not the named representative payee, who is?	
		Name: Phone num	ber:
		Address:	

IN	IRE	GUARDIANSHIP OF:	CASE NUMBER:	
	C.	Has the child received or will the child receive a lump sum benefit payment? Yes No loon't know		
	If yes, what is the amount of the actual or anticipated lump sum payment?		ment?	
	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			
	SOCIAL SECURITY SSI AND SSDI			
6.	SC	CIAL SECURITY SSI AND SSDI		
6.	SC	Note: A child may be eligible for SSI or SSDI benefits if the child is disable income guidelines. Contact the Social Security Administration for more in eligible for benefits.		
6.		Note: A child may be eligible for SSI or SSDI benefits if the child is disable income guidelines. Contact the Social Security Administration for more in	formation about whether the child is ty Income (SSI) or Social Security	
6.		Note: A child may be eligible for SSI or SSDI benefits if the child is disable income guidelines. Contact the Social Security Administration for more in eligible for benefits. Is the child currently receiving Social Security Supplemental Security	ty Income (SSI) or Social Security	
6.		Note: A child may be eligible for SSI or SSDI benefits if the child is disable income guidelines. Contact the Social Security Administration for more in eligible for benefits. Is the child currently receiving Social Security Supplemental Security Disability Income (SSDI) benefits? No Yes It don't known	ty Income (SSI) or Social Security	
6.	a.	Note: A child may be eligible for SSI or SSDI benefits if the child is disable income guidelines. Contact the Social Security Administration for more in eligible for benefits. Is the child currently receiving Social Security Supplemental Security Disability Income (SSDI) benefits?	ty Income (SSI) or Social Security	
6.	a.	Note: A child may be eligible for SSI or SSDI benefits if the child is disable income guidelines. Contact the Social Security Administration for more in eligible for benefits. Is the child currently receiving Social Security Supplemental Security Disability Income (SSDI) benefits?	ty Income (SSI) or Social Security Both SDI benefit payment?	
6.	a.	Note: A child may be eligible for SSI or SSDI benefits if the child is disable income guidelines. Contact the Social Security Administration for more in eligible for benefits. Is the child currently receiving Social Security Supplemental Security Disability Income (SSDI) benefits? No Yes I don't know If yes, what type of benefits is the child receiving? SSI SSDI What is the monthly benefit amount?: Has the child received or will the child receive a lump sum SSI or SI Yes No I don't know	ty Income (SSI) or Social Security Both SDI benefit payment?	
6.	a.	Note: A child may be eligible for SSI or SSDI benefits if the child is disable income guidelines. Contact the Social Security Administration for more in eligible for benefits. Is the child currently receiving Social Security Supplemental Security Disability Income (SSDI) benefits? No Yes I don't know If yes, what type of benefits is the child receiving? SSI SSDI What is the monthly benefit amount?: Has the child received or will the child receive a lump sum SSI or SY Yes No I don't know If yes, what is the amount of the actual or anticipated lump sum pay	ty Income (SSI) or Social Security Both SDI benefit payment? ment? this payment in a dedicated	
6.	a.	Note: A child may be eligible for SSI or SSDI benefits if the child is disable income guidelines. Contact the Social Security Administration for more in eligible for benefits. Is the child currently receiving Social Security Supplemental Security Disability Income (SSDI) benefits? No Yes I don't know If yes, what type of benefits is the child receiving? SSI SSDI What is the monthly benefit amount?: Has the child received or will the child receive a lump sum SSI or SY Yes No I don't know If yes, what is the amount of the actual or anticipated lump sum pay When was the payment received or when do you expect it? Has Social Security required you (or will they require you) to place	ty Income (SSI) or Social Security Both SDI benefit payment? ment? this payment in a dedicated No	
6.	a.	Note: A child may be eligible for SSI or SSDI benefits if the child is disable income guidelines. Contact the Social Security Administration for more in eligible for benefits. Is the child currently receiving Social Security Supplemental Security Disability Income (SSDI) benefits? No Yes I don't know If yes, what type of benefits is the child receiving? SSI SSDI What is the monthly benefit amount?: Has the child received or will the child receive a lump sum SSI or SY Yes No I don't know If yes, what is the amount of the actual or anticipated lump sum pay When was the payment received or when do you expect it? Has Social Security required you (or will they require you) to place account? Yes (please provide the requested information below)	ty Income (SSI) or Social Security Both SDI benefit payment? ment? this payment in a dedicated No	
6.	a.	Note: A child may be eligible for SSI or SSDI benefits if the child is disable income guidelines. Contact the Social Security Administration for more in eligible for benefits. Is the child currently receiving Social Security Supplemental Security Disability Income (SSDI) benefits? No Yes I don't know If yes, what type of benefits is the child receiving? SSI SSDI What is the monthly benefit amount?: Has the child received or will the child receive a lump sum SSI or SYes No I don't know If yes, what is the amount of the actual or anticipated lump sum pay When was the payment received or when do you expect it? Has Social Security required you (or will they require you) to place account? Yes (please provide the requested information below) Name of financial institution:	ty Income (SSI) or Social Security Both SDI benefit payment? ment? this payment in a dedicated No	
6.	a.	Note: A child may be eligible for SSI or SSDI benefits if the child is disable income guidelines. Contact the Social Security Administration for more in eligible for benefits. Is the child currently receiving Social Security Supplemental Security Disability Income (SSDI) benefits? No Yes I don't know If yes, what type of benefits is the child receiving? SSI SSDI What is the monthly benefit amount?: Has the child received or will the child receive a lump sum SSI or SYES No I don't know If yes, what is the amount of the actual or anticipated lump sum pay When was the payment received or when do you expect it? Has Social Security required you (or will they require you) to place account? Yes (please provide the requested information below) Name of financial institution: Type of account:	ty Income (SSI) or Social Security Both SDI benefit payment? ment? this payment in a dedicated No	

IN RE GUARDIANSHIP OF:		E GUARDIANSHIP OF:	ASE NUMBER:
	d.	. If the child is or might be eligible for SSI or SSDI benefits, have you a child's behalf? ☐ No ☐ Not yet, but I will apply ☐ Yes (<i>please prov</i>	
		Date of application:	
		Social Security office location (address):	
7.	RE	EAL PROPERTY	
	a.	Does the child own any real estate anywhere within the United State ☐ Yes (<i>please provide information indicated below</i>) ☐ No ☐ I do	
		Type of property (check all that apply):	
		☐ House ☐ Land (e.g. ranch, farmland, etc.) ☐ Commerci	al building
		☐ Timeshare ☐ Other:	
		Property address:	
		Most recent owner:	
		Has an appraisal been done on this property within the last 12 months	s? 🗌 Yes 🗌 No 🔲 I don't know
		If yes, what was the appraised value?	
		Information on additional properties is attached to this form. (Pleaname and case number at the top of each page.)	ase be sure to include the case
	b.	Does the child own any real estate outside the United States? ☐ Yes (please provide information indicated below) ☐ No ☐ I do	n't know
		Type of property (check all that apply):	
		☐ House ☐ Land (e.g. ranch, farmland, etc.) ☐ Commerci	al building
		☐ Timeshare ☐ Other:	
		Duning artists and discount	
		Property address:	
		Most recent owner:	
		Has an appraisal been done on this property within the last 12 months	s? 🗌 Yes 🗌 No 🔲 I don't know
		If yes, what was the appraised value?	
		Information on additional properties is attached to this form. (Pleaname and case number at the top of each page.)	ase be sure to include the case

IN	N RE	E GUARDIANSHIP OF:	CASE NUMBER:	
8.	B <i>A</i>	ANK ACCOUNTS 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. case name and case number at the top of each page.)	(Please be sure to include the	
9. S		TOCKS, 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 and case number at the top of each page.)	e be sure to include the case name	
	b.	Is the child an owner or beneficiary of any United States Savings Bo	nds?	
		☐ 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 and case number at the top of each page.)	e be sure to include the case name	
	C.	Is the child an owner or beneficiary of any other type of investment a	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. (Pleanage and case number at the top of each page)	ase be sure to include the case	

IN RE GUARDIANSHIP OF:			CASE NUMBER:		
10. F	PERSONAL PROPERTY				
а	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 val 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 and case number at the top of each page. 	•	se be sure to include the case name		
11. O	THER ASSETS	,			
а	 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:			assets:		
	Information on additional assets is attached and case number at the top of each page.		se be sure to include the case name		
Numl	per of pages attached:				
I dec corre	lare under penalty of perjury under the laws of ct.	the State of Californ	nia that the foregoing is true and		
(Туре	e or print name)	(Signature of Decl	arant)		