**Superior Court of Washington, County of**

|  |  |
| --- | --- |
| In the Conservatorship of: ,Respondent/Minor | **No.**  **Conservatorship Inventory** (INV) |

**Conservatorship Inventory**

The [ ] full [ ] limited conservator, being first duly sworn, states that the following is a true and correct inventory of the assets and debts of the Individual Subject to Conservatorship (Individual) as of the date of the *Order Appointing the Conservator*.

**1.** **Assets**

Real Estate (including the address and its tax assessed value):

|  |  |
| --- | --- |
| Address | Tax Assessed Value |
|  |  |
|  |  |

[ ] and see attached additional pages.

Financial Accounts, including the name of the financial institution, type of account, ***the last four digits of the account number(s)*** and balance in each account (*for example, savings, checking, money markets, certificate of deposit, retirement accounts, and all investment accounts*):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Name of FinancialInstitution | AccountType | Account #(last 4 digits only) | Balance | As ofDate |
| **Account 1** |  |  |  |  |  |
| **Account 2** |  |  |  |  |  |
| **Account 3** |  |  |  |  |  |

[ ] and see attached additional pages.

Stocks, Bonds, and other Securities (*not held in an account listed above*):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Name of FinancialInstitution | AccountType | Account #(last 4 digits only) | Balance | As of Date |
| **Account 1** |  |  |  |  |  |
| **Account 2** |  |  |  |  |  |
| **Account 3** |  |  |  |  |  |

[ ] and see attached additional pages.

Accounts Receivable, including the name of the \_\_\_\_\_\_\_\_\_, type of account, ***the last four digits of the account number(s),*** and balance in each account:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Name of FinancialInstitution | AccountType | Account #(last 4 digits only) | Balance | As of Date |
| **Account 1** |  |  |  |  |  |
| **Account 2** |  |  |  |  |  |

Personal Property: (*attach itemized list of all items valued at $1,000 or more*).

|  |  |
| --- | --- |
| Household Furnishings | $ |
| Automobile/Boats | $ |
| Other (including items on attached list) | $ |
|  | $ |
|  | $ |

[ ] and see attached additional pages.

**Total Assets (including attachments) $**

**2. Income**

|  |  |
| --- | --- |
| **Description** | **Per Month** |
| Wages | $  |
| Social Security or SSI | $ |
| Veteran’s Benefits | $ |
| Pension | $ |
| Dividends and Interest | $ |
| Other: | $ |

[ ] and see attached additional pages.

**Total Income (including attachments) $**

**3. Liabilities/Debts**

Mortgages and Liens. Name of each mortgage or lien holder and the amount owing, the property encumbered and the amount due monthly:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name of Mortgage or Lien Holder | Amount Owing | Property Encumbered | Amount Due Monthly |
| Account 1 |  |  |  |  |
| Account 2 |  |  |  |  |

[ ] and see attached additional pages.

Installment Loans and Notes. Name of each loan holder, the amount owing, and the amount due monthly:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name of Loan Holder | Amount Owing | Amount Due Monthly |
| Account 1 |  |  |  |
| Account 2 |  |  |  |

[ ] and see attached additional pages.

Credit Cards. Name of each credit card company, the outstanding balance owing on each card, and the amount due monthly:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name of Credit Card Company | Outstanding Balance Owing | Amount Due Monthly |
| Account 1 |  |  |  |
| Account 2 |  |  |  |

[ ] and see attached additional pages.

**Total Liabilities/Debts (including attachments) $**

**4. Security for Estate’s Assets**

Conservator/Trustee’s Bond:

[ ] The court does not require a bond.

[ ] The court requires a bond in the amount of $

[ ] The bond should [ ] remain the same OR [ ] be changed to: $

Total balance in blocked accounts: $

Total balance unblocked: $

**5. Other Information (If any)**

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

Signed at *(city)*  , *(state)*  on *(date)*  .

*Signature Printed Name WSBA or CPG No:*