

## IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

In the matter of:

\_\_\_\_\_,  
A person with a disability

:  
:  
:  
:  
:

C.M. #: \_\_\_\_\_

### **INVENTORY**

You have thirty (30) days to fill out this inventory and file it with the Register in Chancery's Office from the date you are appointed as guardian. You will need to keep a copy of your inventory since what you list on here must match your first accounting. If you find additional assets after you file this form, you will need to file a second (or supplemental) inventory.

List all assets owned by the person with a disability on the date you were appointed guardian. Do not list the guardianship account. If the person with a disability owns property with someone else, you will need to list the co-owner of the asset, note if there is a right of survivorship by the co-owner, and list the percentage of the interest owned by the person with a disability.

#### **Bank Accounts**

Bank Name	Account Number	Account Value	Joint Owner

**Additional Assets (including all real estate, vehicles, stocks, collectibles, etc.)**

Asset Description	Asset Value	Joint Owner

**Monthly Income (including Social Security, Pension, annuity payments, etc.)**

Income Description	Monthly Amount of Income

I/We certify that to the best of my/our knowledge and belief this is a complete inventory as of the date of my/our appointment as guardian(s).

Signature section for guardian	Signature section for any co-guardian
I declare under penalty of perjury under the laws of Delaware that the foregoing is true and correct.	I declare under penalty of perjury under the laws of Delaware that the foregoing is true and correct.
Date: _____	Date: _____
Print name: _____	Print name: _____
Signature: _____	Signature: _____
Address: _____ _____	Address: _____ _____
Phone Number: _____	Phone Number: _____