

IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

IN THE MATTER OF: \_\_\_\_\_ :  
 :  
 : C.M. #: \_\_\_\_\_  
 :  
 A disabled person \_\_\_\_\_ :

**INVENTORY**

Once you are appointed guardian, you must immediately fill out this inventory form listing all of the disabled person’s assets and income.<sup>1</sup> The inventory must then be filed with your attorney, or at the Register in Chancery’s Office if you do not have an attorney, within thirty days of your appointment as guardian. After you complete the inventory, you will need to open the guardianship account(s).

Please note: Please keep a copy of your inventory for your records. When you file your accounting, the beginning balance of your accounting MUST match what is listed on your inventory.

Pursuant to Court of Chancery Rule 110, the following inventory is submitted by

\_\_\_\_\_  
Name of guardian(s)/Trustee(s)  
in his/her/their capacity as guardian(s)/trustee(s) of the property.

Please identify all assets<sup>2</sup> found to be owned by the disabled person.

**Bank Accounts:**

Bank Name: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Account #: \_\_\_\_\_ Account #: \_\_\_\_\_

Value: \_\_\_\_\_ Value: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Account #: \_\_\_\_\_ Account #: \_\_\_\_\_

Value: \_\_\_\_\_ Value: \_\_\_\_\_

<sup>1</sup> If the guardian locates or receives additional assets after the inventory is filed, a supplemental inventory must be filed with the Register in Chancery’s Office.

<sup>2</sup> If any assets are jointly titled you must (1) list the co-owner(s) of the asset, (2) note if there is a right of survivorship by the co-owner(s), and (3) list the percentage of the interest owned by the disabled person.

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

\_\_\_\_\_ Value \$ \_\_\_\_\_  
\_\_\_\_\_ Value \$ \_\_\_\_\_  
\_\_\_\_\_ Value \$ \_\_\_\_\_  
\_\_\_\_\_ Value \$ \_\_\_\_\_  
\_\_\_\_\_ Value \$ \_\_\_\_\_  
\_\_\_\_\_ Value \$ \_\_\_\_\_

**Monthly Income:**

Social Security: \_\_\_\_\_ Pension: \_\_\_\_\_

Other(s): \_\_\_\_\_  
\_\_\_\_\_

I/We certify that to the best of my knowledge and belief the foregoing is a complete inventory as of \_\_\_\_\_, the date of my appointment as Guardian/Trustee.

\_\_\_\_\_  
Guardian/Trustee

\_\_\_\_\_  
Co-Guardian/Co-Trustee (if applicable)

Address: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Sworn to and subscribed before the undersigned Notary Public/Register in Chancery this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public/Register in Chancery

\_\_\_\_\_  
Notary Public/ Register in Chancery