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*):	**To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.**
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:	
PRELIMINARY INVENTORY OF GUARDIANSHIP ESTATE ***(PROBATE GUARDIANSHIPS)***	CASE NUMBER:

INSTRUCTIONS
Please provide as much information as you can about the proposed ward's assets.
Complete a separate form for each child.

I, _____, declare as follows:

1. A petition is currently pending for appointment of a guardian of the estate for the minor child named below:

   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? ☐ 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 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 ☐ I don't know

   If yes, what is the name of the insured's employer? _____

   ☐ Information on additional policies 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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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

a. 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: _____

IN RE GUARDIANSHIP OF:	CASE NUMBER:

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

IN RE GUARDIANSHIP OF:	CASE NUMBER:

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? _____

☐ 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.*)

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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:

_____

_____

_____

_____

_____

_____

_____

_____

☐ 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:

_____

_____

_____

_____

_____

_____

_____

_____

_____

☐ 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)*

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