

Form G-04. Guardian's Inventory

COURT OF COMMON PLEAS OF
ORPHANS' COURT DIVISION

COUNTY

INVENTORY

ESTATE/GUARDIANSHIP OF

An Incapacitated Person

DOCKET NO.

DATE OF DECREE:

DUE DATE:

FILING FEE:

Inventory type: Initial Amended

PART I: ANNUAL INCOME

1. List all sources of income for the Incapacitated Person:

Does the Incapacitated Person receive any of the following as income? Annual Income

| | | | |
|---|---------------------------|--------------------------|----|
| Social Security Retirement benefits | <input type="radio"/> Yes | <input type="radio"/> No | \$ |
| Social Security Disability benefits | <input type="radio"/> Yes | <input type="radio"/> No | \$ |
| Supplemental Security Income benefits (SSI) | <input type="radio"/> Yes | <input type="radio"/> No | \$ |
| Public Assistance | <input type="radio"/> Yes | <input type="radio"/> No | \$ |
| Veterans Financial benefits | <input type="radio"/> Yes | <input type="radio"/> No | \$ |
| Trust income | <input type="radio"/> Yes | <input type="radio"/> No | \$ |
| Wages | <input type="radio"/> Yes | <input type="radio"/> No | \$ |
| Workman's Compensation benefits | <input type="radio"/> Yes | <input type="radio"/> No | \$ |
| Dividends | <input type="radio"/> Yes | <input type="radio"/> No | \$ |
| Interest income | <input type="radio"/> Yes | <input type="radio"/> No | \$ |
| Tax refund | <input type="radio"/> Yes | <input type="radio"/> No | \$ |
| Realized Gain on Other Asset | <input type="radio"/> Yes | <input type="radio"/> No | \$ |

3. Is any property co-owned by the Incapacitated Person and the guardian?

Yes

No

If **yes**:

3a. On what date was the property acquired? _/ / _

3b. On what date was the guardian's name added? /_ _/

3c. The guardian is:

an individual having access or control over the account

an owner of the account

4. Does the Incapacitated Person have a homeowners insurance policy for real property?

Yes

No

If **yes**:

4a. Carrier:

4b. Coverage period:

Attach a copy of insurance policy identifying coverage amounts

5. Does the Incapacitated Person have a homeowners insurance policy for personal property (jewelry, collectibles, etc.)?

Yes

No

If **yes**:

5a. Carrier:

5b. Coverage period:

Attach a copy of insurance policy identifying coverage amounts

PART IV. GUARDIAN COVERAGE

9. Was a surety bond required by the decree appointing you as guardian?

Yes

No

If **yes**, attach of copy of the bond

10. If you are a professional guardianship agency or an attorney serving as guardian, do you have professional liability coverage?

Yes

No

Not applicable

If **yes**, attach copy of insurance policy

PART V. PERSONAL CARE PLAN

11. Reason for incapacity, as stated in the petition:

12. Can the Incapacitated Person remain in their current residence with assistance, or in the home of a relative?

Yes

No

If **yes**:

12a. List the name of the responsible family member:

12b. What services does the Incapacitated Person require?

Services from local Area Agency on Aging

Private Companion/Assistance Service

Number of days per week:

Number of hours per day:

Assistance from family members

Will compensation be provided?

Yes

No

If **yes**, indicate compensation amount:

13. Will the Incapacitated Person be moved into a supervised residential setting?

Yes

No

If **yes**:

13a. Indicate the type of supervised residential setting:

Domiciliary Care

Personal Care Boarding Home

Assisted Living Facility

Nursing Home

Other:

13b. Describe the steps that are being taken to move the Incapacitated Person into a supervised residential setting?

PART VI. FINANCIAL PLAN

14. Complete the following table using initial inventory or most recent amended inventory.

| | | | |
|---------------------|----|--------------------|----|
| 14a. Total Annual | | 14b. Annual | |
| Income (Question 1) | \$ | estimated expenses | \$ |
| Net Income | | 14c. Total assets | |
| (14a minus 14b) | \$ | (principal) | |
| | | (Question 2) | \$ |

15. Is the net income listed above sufficient to care for the needs of the Incapacitated Person?

- Yes
- No, but assets (principal) are available based on petition to court requesting permission
- No, and assets (principal) are not available

16. Indicate any applications for government benefits that have been submitted:

| Application type | Has an application been submitted? | Date of submission |
|---|--|--------------------|
| Social Security Disability Insurance (SSDI) | <input type="radio"/> Yes <input type="radio"/> No | |
| Supplemental Security Income (SSI) | <input type="radio"/> Yes <input type="radio"/> No | |
| Social Security Retirement Benefits | <input type="radio"/> Yes <input type="radio"/> No | |
| Veteran's Benefits | <input type="radio"/> Yes <input type="radio"/> No | |
| Medical assistance, long term care | <input type="radio"/> Yes <input type="radio"/> No | |
| Medical assistance, Home Waiver | <input type="radio"/> Yes <input type="radio"/> No | |
| Other: | <input type="radio"/> Yes <input type="radio"/> No | |

17. Describe all real estate included in the estate and how it will be maintained or sold:

18. Prior to the appointment of a guardian, had an agent under a Power of Attorney been serving?

Yes

No

If **yes**, did that agent access the incapacitated person's property for the agent's personal use?

Yes

No

If **yes**, has an accounting ever been requested or filed with the court?

Yes

No

PART VII: MEDICAL INFORMATION

19. Is a “no-code” (Do Not Resuscitate) provision in place for the incapacitated person?

Yes

No

20. When still capacitated, did the Incapacitated Person execute a durable power of attorney for health care or some other health care directive (including, but not limited to, a POLST or a mental health care power of attorney)?

Yes

No

If **yes**, identify the authorized agent for making health care decisions:

21. Are you aware of any will or trust executed by the Incapacitated Person, and/or any funeral or burial wishes of the Incapacitated Person?

Yes

No

If **yes**, describe:

22. Is the Certificate of Filing attached?

Yes

No

I verify that the foregoing information is correct to the best of my knowledge, information and belief; and that this Verification is subject to the penalties of 18 Pa.C.S. § 4904 relative to unsworn falsification to authorities.

Date

Signature of Guardian

Name of Guardian (type or print)

Address

Telephone

Date

Signature of Co-Guardian (if applicable)

Name of Co-Guardian (type or print)

Address

Telephone