



CIRCUIT ORPHANS' COURT FOR _____, MARYLAND

City/County

Located at _____ Telephone _____

Court Address

Case No. _____

Name of Minor or Disabled Person

Docket Reference

INVENTORY AND INFORMATION REPORT (Md. Rule 10-707)

NOTE: Guardians of the property must complete and file this form each year within 60 days of appointment or as the court otherwise directs. **Attach copies of statements that show fair market values and balances as of the date of your appointment and documents that describe assets if available.**

If a section of this form does not apply, write "Not applicable" or "N/A." Attach additional sheets if needed.

Minor or Disabled Person's Date of Birth: _____
Gender: _____

Part I. Fiduciary estate

List property solely or jointly owned by the minor or disabled person.

A. REAL ESTATE

Attach documentation that shows fair market values as of the date of your appointment (from a state department of assessments and taxation, real estate website or listing, etc.) or the most recent.

Location: _____ Fair market value: \$ _____
Street Address

City, state, zip

Lender (if any): _____ Mortgage balance: \$ _____

Ownership type (*select one*):

- Sole owner Joint tenant Tenant in common with _____ % interest
- Tenants by the entirety
- Other (describe): _____

| <u>Joint tenant/in common/by the entirety/other name</u> | <u>Relationship to minor or disabled person</u> | <u>Address</u> |
|--|---|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Location: _____ Fair market value: \$ _____
Street Address

City, state, zip

Lender (if any): _____ Mortgage balance: \$ _____

Ownership type (*select one*):

Sole owner Joint tenant Tenant in common with _____ % interest

Tenants by the entirety

Other (describe): _____

Joint tenant/in common/by
the entirety/other name

Relationship to minor or
disabled person

Address

Location: _____ Fair market value: \$ _____
Street Address

City, state, zip

Lender (if any): _____ Mortgage balance: \$ _____

Ownership type (*select one*):

Sole owner Joint tenant Tenant in common with _____ % interest

Tenants by the entirety

Other (describe): _____

Joint tenant/in common/by
the entirety/other name

Relationship to minor or
disabled person

Address

B. CASH & CASH EQUIVALENTS

Checking, savings, or certificates of deposit (CDs).

Attach statements that show balances as of the date of your appointment or the most recent.

| <u>Financial institution</u> | <u>Type</u> | <u>Account number</u> <u>(last 4 digits only)</u> | <u>Balance</u> | <u>Joint owner(s)</u> <u>(if any)</u> |
|------------------------------|-------------|--|----------------|--|
| | | | \$ | |
| | | | \$ | |
| | | | \$ | |
| | | | \$ | |
| | | | \$ | |
| | | | \$ | |
| | | | \$ | |

TOTAL: \$ _____

C. BROKERAGE ACCOUNTS, STOCKS, BONDS, AND OTHER SECURITIES

Attach statements that show values as of the date of your appointment or the most recent.

| <u>Name of company</u> | <u>Type</u> | <u>Account number</u> <u>(last 4 digits only)</u> | <u>Value</u> | <u>Joint owner(s)</u> <u>(if any)</u> |
|------------------------|-------------|--|--------------|--|
| | | | \$ | |
| | | | \$ | |
| | | | \$ | |
| | | | \$ | |
| | | | \$ | |

TOTAL: \$ _____

D. RETIREMENT ACCOUNTS

IRAs, Roth IRAs, 401(k), 403(b), etc.

Attach statements that show values as of the date of your appointment or the most recent.

| <u>Name of company</u> | <u>Type</u> | <u>Account number</u> <u>(last 4 digits only)</u> | <u>Value</u> | <u>Beneficiary name(s)</u> |
|------------------------|-------------|--|--------------|----------------------------|
| | | | \$ | |
| | | | \$ | |
| | | | \$ | |
| | | | \$ | |
| | | | \$ | |

TOTAL: \$ _____

E. VEHICLES

Cars, boats, off-road vehicles, airplanes, etc.

Attach valuations for each vehicle as of the date of your appointment as guardian or the most recent.

| <u>Type of vehicle</u> | <u>Year, make,</u> <u>model</u> | <u>Fair Market</u> <u>Value</u> | <u>Lien</u> <u>(if any)</u> | <u>Co-owner(s)</u> <u>(if any)</u> |
|------------------------|------------------------------------|------------------------------------|--------------------------------|---------------------------------------|
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |

TOTAL: \$ _____

F. PERSONAL PROPERTY

List each item with a value over \$2,500 (fine jewelry, artwork, valuable collectables, etc.).

Describe property if the collective value is less than \$2,500. For example, if the total value of the person’s property is \$900, do not describe each item or list the value of each piece. Describe it as one category, “furniture.”

If available, attach appraisals or any documents that show values or balances owed.

| <u>Description</u> | <u>Location</u> | <u>Value</u> | <u>Lien amount (if any)</u> |
|--------------------|-----------------|--------------|---------------------------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

TOTAL: \$ _____

G. OTHER

List annuities, burial accounts, burial plots, pre-paid burial plans, college 529 plans, cash values of life insurance policies. Also list judgments, loans, promissory notes, etc., owed to the minor or disabled person.

Attach copies of policies or contracts.

| <u>Name of institution</u> | <u>Type of account</u> | <u>Account number (last 4 digits only)</u> | <u>Value</u> |
|----------------------------|------------------------|--|--------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

TOTAL: \$ _____

SUMMARY OF THE FIDUCIARY ESTATE:

The following is a summary of the fiduciary estate (enter totals from above)

| <u>Type</u> | <u>Value</u> |
|--|-----------------|
| A. Real estate | \$ _____ |
| B. Cash & cash equivalents | \$ _____ |
| C. Brokerage accounts, stocks, bonds, and other securities | \$ _____ |
| D. Retirement accounts | \$ _____ |
| E. Vehicles | \$ _____ |
| F. Personal property | \$ _____ |
| G. Other | \$ _____ |
| TOTALS: | \$ _____ |

Part II. Liabilities

List debts owed, other than mortgage or liens listed above.

A. LOANS

Attach account statements, or other documents that show amounts owed as of the date of your appointment or the most recent.

| <u>Lender name</u> | <u>Purpose (loan type)</u> | <u>Loan number</u> | <u>Balance due</u> |
|--------------------|----------------------------|--------------------|--------------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

TOTAL: \$ _____

B. CREDIT CARDS

Attach statements that show balances as of the date of your appointment or the most recent.

| <u>Company</u> | <u>Card</u> | <u>Account number (last 4 digits only)</u> | <u>Balance due</u> |
|----------------|-------------|--|--------------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

TOTAL: \$ _____

C. JUDGMENTS/LIENS

Attach copies of court orders or other documents that show balances owed.

| <u>Description</u> | <u>Balance due</u> |
|--------------------|--------------------|
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |

TOTAL: \$ _____

D. OTHER

List other liabilities such as alimony, child support, garnishments, etc.

Attach copies of documents that show balances owed (if any). Also attach copies of court orders entered or changed during the reporting period.

| Description | To whom owed | Balance due |
|-------------|--------------|-------------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |

TOTAL: \$ _____

Part III. Monthly income

List all income, including benefits the person receives, including life insurance payments, debt payments (e.g., judgments, loans, promissory notes). Divide yearly income by 12 and quarterly amounts by 3.

Attach Social Security statements, Department of Veterans Affairs benefit statements, pay stubs, account statements, court orders, and other documents that show income.

| <u>Source</u> | <u>Amount per month</u> |
|---|-------------------------|
| Social Security income: | \$ _____ |
| Supplemental Security Income (SSI): | \$ _____ |
| Social Security Disability Insurance (SSDI): | \$ _____ |
| Veterans Affairs benefits: | \$ _____ |
| Public cash assistance (e.g., Temporary Cash Assistance (TCA) or Temporary Assistance for Needy Families (TANF)): | \$ _____ |
| Wages: | \$ _____ |
| Rental income: | \$ _____ |
| Pensions/retirement: | \$ _____ |
| Alimony: | \$ _____ |
| Annuity payments: | \$ _____ |
| Other (describe): | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

TOTAL: \$ _____

Part IV. Information report

Does the minor or disabled person hold an interest less than absolute in other property that has not been included in this form (interest in a trust, a term of years, a life estate ownership, interest in a partnership, LLC, corporation, etc.)? Yes No

If yes, describe each type of interest below. Attach copies of instruments that show the minor or disabled person's interest.

| <u>Description of interest</u> | <u>Amount or value</u> | <u>Date and type of instrument establishing the interest</u> |
|--------------------------------|------------------------|--|
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |

Part V. Other

A. HEALTH INSURANCE AND EXPENSES

Attach proof of insurance or notices of eligibility.

| <u>Coverage type</u> | <u>Provider</u> |
|----------------------|-----------------|
| Medical | |
| Dental | |
| Vision | |
| Prescription | |
| Other: | |
| | |
| | |

Does the minor or disabled person have or do you anticipate medical expenses the court should know about? Yes No

If yes, explain:

.....

.....

.....

B. OTHER MATTERS

Describe pending litigation, potential claims, potential inheritances, other public benefits (e.g., food stamps), or other matters of which the court should be aware.

.....

.....

.....

BOND

The fiduciary bond, if any, has been filed in this action in the amount of \$ _____ on _____ Date

Attach a copy of the bond.

VERIFICATION

I solemnly affirm under the penalties of perjury that the contents of this document are true to the best of my knowledge, information, and belief.

_____ Date

_____ Signature of Guardian 1

_____ Printed Name

_____ Street Address

_____ City, state, zip

_____ Telephone Number

_____ E-mail

_____ Fax

This is a new address since the last report (or since appointment if this is your first report).

_____ Date

_____ Signature of Guardian 2 (*if applicable*)

_____ Printed Name

_____ Street Address

_____ City, state, zip

_____ Telephone Number

_____ E-mail

_____ Fax

This is a new address since the last report (or since appointment if this is your first report).

_____ Name of Fiduciary's Attorney _____ Attorney Number

_____ Street Address

_____ City, state, zip

_____ Telephone Number

_____ E-mail

_____ Fax