

Exhibit Cover Page

EXHIBIT NUMBER B

EXHIBIT B: Information Regarding the Proposed Protected Minor's Estate

Complete this page only if you are requesting guardianship over the estate.

1. The proposed protected minor (**check all that apply**)

Has no assets or income

Has assets and income (*list below*)

Is entitled or will be entitled to assets or income (*list below*)

2. The proposed protected minor receives income from the following: (*include all income, including Social Security, Department of Veteran's Affairs, pensions, etc. If none, write "N/A". If there are not enough lines below, write "SEE ATTACHED" and attach a page with the additional income sources.*) (**check and answer all that apply**)

Child Support Yes No monthly: \$ _____

Social Security Yes No monthly: \$ _____

Veterans Affairs Yes No monthly: \$ _____

a. _____ monthly: \$ _____

b. _____ monthly: \$ _____

3. Is there a Representative Payee receiving benefits on behalf of the proposed protected minor? No Yes, the person is (*name*) _____.

4. The proposed protected minor assets are: (*include all assets including checking / savings / investment accounts, real estate, vehicles, inheritances, including insurance policies, etc. If none, write "N/A". If there are not enough lines below, write "SEE ATTACHED" and attach a page containing the additional assets.*)

a. _____ value: \$ _____

b. _____ value: \$ _____

c. _____ value: \$ _____

d. _____ value: \$ _____

e. _____ value: \$ _____

f. _____ value: \$ _____

g. _____ value: \$ _____

h. _____ value: \$ _____

i. _____ value: \$ _____

You will be required to file a detailed Inventory listing all of the protected person's assets within 60 days of your appointment.