

1 Code: 1820  
2 Name: \_\_\_\_\_  
3 Address: \_\_\_\_\_  
4 Phone: \_\_\_\_\_  
Acting In Proper Person

5  
6 IN THE FAMILY DIVISION  
7 OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA  
8 IN AND FOR THE COUNTY OF WASHOE  
9

10  
11 In The Matter Of The Guardianship Case No. \_\_\_\_\_  
12 Of the Person, The Estate, or The Dept. No. \_\_\_\_\_  
13 Person and Estate of:

14 \_\_\_\_\_  
15 \_\_\_\_\_  
16 An Adult.  
\_\_\_\_\_ /

17 **INVENTORY, APPRAISAL AND RECORD OF VALUE**

18 Attached hereto is the Inventory, Appraisal and Record of Value of the property of the adult  
19 ward, \_\_\_\_\_ and the required Oaths of  
20 (Name of Ward)  
Appraiser and Guardian.

21 Dated \_\_\_\_\_  
22

23  
24 \_\_\_\_\_  
(Print Name)  
25 \_\_\_\_\_  
(Signature)  
26 \_\_\_\_\_  
(Address)  
27 \_\_\_\_\_  
28 \_\_\_\_\_

**A. REAL PROPERTY**

*Describe each piece of real property the ward owns or in which the ward has any kind of interest.*

Description

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Appraised Value: \$ \_\_\_\_\_

Amount Owed: \$ \_\_\_\_\_

Estate's Interest:\* \_\_\_\_\_ % ( )

Value of Estate's Interest: \$ \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Appraised Value: \$ \_\_\_\_\_

Amount Owed: \$ \_\_\_\_\_

Estate's Interest: \_\_\_\_\_ % ( )

Value of Estate's Interest: \$ \_\_\_\_\_

*If there are additional pieces of real property, attach supplementary pages and clearly mark the pages as a continuation of this inventory.*

\* Designate nature of estate's interest & % of ownership (C) Community; (S) Separate; i.e. 50% (C) or (S)

**B. LAST FOUR DIGITS OF BANK ACCOUNTS**

List each bank account by number, type of account (savings, checking, money market, etc.) name of bank or other holding institution, location of bank or other holding institute, and how account is held. For instance, in ward's name only, or, jointly with (insert additional name), or, jointly with (insert additional name) with right of survivorship.

Acct. #XXXXXXXX \_\_\_\_\_ Type of Account: \_\_\_\_\_

Name of Holding Institute: \_\_\_\_\_

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

How Account is Held: \_\_\_\_\_

Amount in the Account: \$ \_\_\_\_\_

Acct. #XXXXXXXX \_\_\_\_\_ Type of Account: \_\_\_\_\_

Name of Holding Institute: \_\_\_\_\_

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

How Account is Held: \_\_\_\_\_

Amount in the Account: \$ \_\_\_\_\_

Acct. #XXXXXXXX \_\_\_\_\_ Type of Account: \_\_\_\_\_

Name of Holding Institute: \_\_\_\_\_

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

How Account is Held: \_\_\_\_\_

Amount in the Account: \$ \_\_\_\_\_

*If there are additional accounts, attach supplementary pages and clearly mark the pages as a continuation of this inventory.*

**C. INCOME AND BENEFITS**

*List EACH and ALL sources of income and benefits, the frequency of receipt of income and benefits (once a month, every two weeks, every six months, etc.), the gross amount and the net amount.*

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Source of Income: \_\_\_\_\_

Frequency of Receipt of Income: \_\_\_\_\_

Gross Amount: \$ \_\_\_\_\_ Net Amount: \$ \_\_\_\_\_

Source of Income: \_\_\_\_\_

Frequency of Receipt of Income: \_\_\_\_\_

Gross Amount: \$ \_\_\_\_\_ Net Amount: \$ \_\_\_\_\_

Source of Income: \_\_\_\_\_

Frequency of Receipt of Income: \_\_\_\_\_

Gross Amount: \$ \_\_\_\_\_ Net Amount: \$ \_\_\_\_\_

Source of Income: \_\_\_\_\_

Frequency of Receipt of Income: \_\_\_\_\_

Gross Amount: \$ \_\_\_\_\_ Net Amount: \$ \_\_\_\_\_

Source of Income: \_\_\_\_\_

Frequency of Receipt of Income: \_\_\_\_\_

Gross Amount: \$ \_\_\_\_\_ Net Amount: \$ \_\_\_\_\_

*If there is additional income or benefits, attach supplementary pages and clearly mark the pages as a continuation of this inventory.*

1 **D. OUTSTANDING COLLECTIBLE DEBTS**

2  
3 *List all collectible debts the Ward may own. Collectible debts are defined as*  
4 *money legally owed (by formal note or contract) to the Ward by people or*  
5 *businesses and upon which there are no payments presently being made. If*  
6 *payments are presently being made on the notes or contracts, the payments must*  
7 *be listed in the "Income" portion of this inventory.*

8 Name of Person or Entity Owing: \_\_\_\_\_

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

10 Amount Owed: \$ \_\_\_\_\_ Legal Document: \_\_\_\_\_  
11 (Promissory Note, Contract, etc.)

12 Re-payment Provisions: \_\_\_\_\_

13  
14  
15 Name of Person or Entity Owing: \_\_\_\_\_

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

17 Amount Owed: \$ \_\_\_\_\_ Legal Document: \_\_\_\_\_  
18 (Promissory Note, Contract, etc.)

19 Re-payment Provisions: \_\_\_\_\_

20  
21  
22 Name of Person or Entity Owing: \_\_\_\_\_

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

24 Amount Owed: \$ \_\_\_\_\_ Legal Document: \_\_\_\_\_  
25 (Promissory Note, Contract, etc.)

26 Re-payment Provisions: \_\_\_\_\_

27  
28 *If there are additional accounts, attach supplementary pages and clearly mark the pages as a*  
*continuation of this inventory.*

**E. VEHICLES**

*List and describe each vehicle in which the Ward has any interest, the VIN number, if known, the location of the vehicle, whether the vehicle is currently registered, in whose name the vehicle is registered and the value of the vehicle.*

1  
2  
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5  
6 Make and Model: \_\_\_\_\_ Year: \_\_\_\_\_

7 Color: \_\_\_\_\_ VIN # \_\_\_\_\_

8 Location: \_\_\_\_\_

9 Currently Registered? ( ) Yes ( ) No Date of Last Registration: \_\_\_\_\_

10 Name On Registration: \_\_\_\_\_

11 Value: \$ \_\_\_\_\_ Amount Owed on Vehicle: \$ \_\_\_\_\_

12 If money is owed on vehicle, to whom is it owed? \_\_\_\_\_

13 If Ward's interest is less than 100%, how much interest does Ward own? \_\_\_\_\_

14  
15  
16 Make and Model: \_\_\_\_\_ Year: \_\_\_\_\_

17 Color: \_\_\_\_\_ VIN # \_\_\_\_\_

18 Location: \_\_\_\_\_

19 Currently Registered? ( ) Yes ( ) No Date of Last Registration: \_\_\_\_\_

20 Name On Registration: \_\_\_\_\_

21 Value: \$ \_\_\_\_\_ Amount Owed on Vehicle: \$ \_\_\_\_\_

22 If money is owed on vehicle, to whom is it owed? \_\_\_\_\_

23 If Ward's interest is less than 100%, how much interest does Ward own? \_\_\_\_\_

24  
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28 *If there are additional vehicles, attach supplementary pages and clearly mark the pages as a continuation of this inventory.*

**\*F. MISCELLANEOUS PERSONAL PROPERTY**

*List and describe all other personal property owned by the Ward or in which the Ward has any interest.*

Description Of Property	Asset Value	Amount Owed	Estate's* Interest	Value of Estate's Interest
1.	\$ _____	\$ _____	____%( )	\$ _____
2.	\$ _____	\$ _____	____%( )	\$ _____
3.	\$ _____	\$ _____	____%( )	\$ _____
4.	\$ _____	\$ _____	____%( )	\$ _____
5.	\$ _____	\$ _____	____%( )	\$ _____
6.	\$ _____	\$ _____	____%( )	\$ _____
7.	\$ _____	\$ _____	____%( )	\$ _____
8.	\$ _____	\$ _____	____%( )	\$ _____
9.	\$ _____	\$ _____	____%( )	\$ _____
10.	\$ _____	\$ _____	____%( )	\$ _____
11.	\$ _____	\$ _____	____%( )	\$ _____
12.	\$ _____	\$ _____	____%( )	\$ _____

*If there is additional property to be listed, attach supplementary pages and clearly mark the pages as a continuation of this inventory.*

\* Designate nature of estate's interest & % of ownership (C) Community; (S) Separate; i.e. 50% (C) or (S)

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OATH OF GUARDIAN

I, the undersigned guardian of the Estate of the above-named Ward, solemnly affirm that the foregoing inventory is a true statement of all assets of the Estate having come into my possession or for which I have knowledge, and the inventory includes all money and claims of the Ward.

SUBSCRIBED and SWORN to before me

\_\_\_\_\_  
Guardian's Signature

this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC



**OATH OF APPRAISER**

STATE OF NEVADA )  
 )ss:  
COUNTY OF WASHOE)

I, the undersigned, appraiser of the estate of the above-named ward, solemnly affirm that I will truly, honestly, and impartially appraise the inventory of the Estate to the best of my knowledge and ability.

SUBSCRIBED and SWORN to before me

this \_\_\_\_ day of \_\_\_\_\_, 200 \_\_\_\_.

\_\_\_\_\_  
Appraiser's signature

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
Appraiser's name (print)

\_\_\_\_\_  
Appraiser's address

**APPRAISAL**

I, the undersigned appraiser of the Estate of the above-named ward, hereby certify that items \_\_\_\_\_ of the Inventory of the Estate have been examined by me and that I appraise items on the Inventory at the value shown opposite thereof for a total sum of \_\_\_\_\_ (\$ \_\_\_\_\_) Dollars.

\_\_\_\_\_  
Appraiser

\_\_\_\_\_  
Date

**Repeat Oath and Certification for each appraiser and attach additional sheets if necessary.**

1 VERIFIED RECORD OF VALUE IN LIEU OF APPRAISEMENT

2 I, the undersigned solemnly affirm that items \_\_\_\_\_  
3  
4 of the Inventory of the Estate have been examined by me and that I record the value of these items on  
5 the Inventory at the value shown opposite thereof for a total sum of \_\_\_\_\_  
6 \_\_\_\_\_ (\$ \_\_\_\_\_) dollars.

7  
8  
9 \_\_\_\_\_  
Guardian's Signature

10 STATE OF NEVADA )  
11 )ss:  
12 COUNTY OF WASHOE )

13 The above guardian being duly sworn, states that he/she is the guardian of the Estate of the  
14 above-named Ward, has read the above and foregoing Record of Value, knows the contents thereof,  
15 and the contents are true of his or her own knowledge, except for those matters therein stated on  
16 information and belief, and as for those matters, they are believed to be true.  
17

18  
19 SUBSCRIBED and SWORN to before me

\_\_\_\_\_  
Guardian's Signature

20 this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_

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22 \_\_\_\_\_  
NOTARY PUBLIC  
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**SECOND JUDICIAL DISTRICT COURT  
COUNTY OF WASHOE, STATE OF NEVADA**

**AFFIRMATION  
Pursuant to NRS 239B.030**

The undersigned does hereby affirm that the preceding document, \_\_\_\_\_

\_\_\_\_\_

(Title of Document)

filed in case number: \_\_\_\_\_

Document does not contain the social security number of any person

- OR -

Document contains the social security number of a person as required by:

A specific state or federal law, to wit:

\_\_\_\_\_

(State specific state or federal law)

- or -

For the administration of a public program

- or -

For an application for a federal or state grant

- or -

Confidential Family Court Information Sheet  
(NRS 123.130, NRS 125,230, and NRS 125B.055)

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Attorney for)

1 Code: 3860

2 Name: \_\_\_\_\_

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

4 Telephone: \_\_\_\_\_

5 Self-Represented Litigant

6 IN THE FAMILY DIVISION  
7 OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA  
8 IN AND FOR THE COUNTY OF WASHOE

9  
10  
11 In the Matter of the Guardianship of the Person,  
the Estate, or the Person and the Estate of:

12 \_\_\_\_\_ Case No. \_\_\_\_\_

13 \_\_\_\_\_ Dept. No. \_\_\_\_\_

14 \_\_\_\_\_,  
15 A Minor Child / Minor Children / An Adult.  
16 \_\_\_\_\_/

17 REQUEST FOR SUBMISSION

18 It is requested that the \_\_\_\_\_  
19 (Name of document or documents)

20 filed in this matter be submitted to the Court for consideration.

21 This document does not contain the Social Security number of any person.

22 I declare, under penalty of perjury under the law of the State of Nevada, that the foregoing  
23 is true and correct.

24  
25 Date: \_\_\_\_\_

Your Signature: \_\_\_\_\_

26 Print Your Name: \_\_\_\_\_