_____ No._____ of 200____

an Incapacitated Person

INVENTORY

Guardian's Inventory and Statement

COMMONWEALTH OF PENNSYLVANIA } SS
COUNTY OF ALLEGHENY, }

Personally appeared before me the undersigned authority guardian of the estate of an incapacitated person, who being duly sworn, deposes and says that the following is a true and correct Inventory and Statement of the personal and real property which are of the estate of the above named incapacitated person.

Sworn and subscribed before me this _____

……. day of …….., 200…. Guardian

……

		DOLLAR & CENTS

NOTE: If real estate, give street and number, Ward or City, Borough or Township, and County and reference to Deed or Mortgage, Volume and Page. If cash in bank, give name of bank.

Print Form | Save Form | Clear Entire Form