

Estate of _____ } an Incapacitated Person
 } a Minor

4. Anticipated Assets:

Estimated Value:

(Set forth property of any kind expected to be acquired hereafter, together with anticipated date of acquisition.)

<i>Property</i>	<i>Anticipated Date of Acquisition</i>	
_____	_____	_____
_____	_____	_____
_____	_____	_____

Sub-Total for Personal Estate:

(Attach additional sheets if necessary)

TOTAL OF ITEMS 1, 2, 3, and 4: _____

Commonwealth of Pennsylvania :
 : ss.
 County of _____ :

_____, says that the foregoing is a full
Guardian
 true and complete Inventory of the Estate of _____,
 the aforesaid Incapacitated Person or Minor; and that all of the information set forth herein is
 true and correct to the best of the Guardian's knowledge and belief.

I verify that the statements made in this)
 Inventory are true and correct. I under-)
 stand that false statements herein are)
 made subject to the penalties of)
 18 Pa.C.S. § 4904 relating to unsworn)
 falsification to authorities.)

 Guardian

Attorney for Guardian: _____

Supreme Court I.D. No.: _____

Address: _____

Telephone: _____