

# **Exhibit Cover Page**

**EXHIBIT NUMBER B**

**EXHIBIT C: Information Regarding the Proposed Protected Person’s Estate**

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

1. The proposed protected person ( **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 person 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**)

Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	monthly: \$ _____
Veterans Affairs	<input type="checkbox"/> Yes <input type="checkbox"/> No	monthly: \$ _____
a.	_____	monthly: \$ _____
b.	_____	monthly: \$ _____
c.	_____	monthly: \$ _____

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

4. The proposed protected person’s 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.**