

# **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    | <input type="checkbox"/> Yes <input type="checkbox"/> No | monthly: \$ _____ |
| 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: \$ _____ |

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.**