

IN THE CIRCUIT COURT  
TWENTY-FOURTH JUDICIAL CIRCUIT  
COUNTY, ILLINOIS

IN RE THE GUARDIANSHIP OF: ]  
] No: \_\_\_\_\_  
vs. ]  
] \_\_\_\_\_  
] A DISABLED ADULT. ]

**INVENTORY SUMMARY**

Date of Inventory: \_\_\_\_\_

- |                                       |       |
|---------------------------------------|-------|
| 1. Real Estate & Improvements:        | _____ |
| 2. Personal & Miscellaneous Property: | _____ |
| 3. Cash                               | _____ |
| Total                                 | _____ |

The undersigned Guardian(s) state(s) that on the above date the Estate of the above Disabled Adult/Ward consisted of the items described in the attached forms and that the values assigned are the fair market values on or about said date.

**I swear or affirm that the above information and all attachments are true and correct.**

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Date

**IMPORTANT:** If your address has changed, you **must** notify the Clerk of the Circuit Court in writing. Include a daytime phone number if you are not represented by an attorney.

<b>GUARDIANSHIP INVENTORY</b>	
<b>CASH (Accounts at Financial Institutions &amp; Currency)</b>	<b>Value</b>
<b>TOTAL</b>	

<b>REAL ESTATE &amp; IMPROVEMENTS (Fair Market Value)</b>	<b>Value</b>
<b>TOTAL</b>	

