

STATE OF NORTH DAKOTA
COUNTY OF _____

IN DISTRICT COURT
_____ JUDICIAL DISTRICT

IN THE MATTER OF THE CONSERVATORSHIP OF

_____, **A PROTECTED INDIVIDUAL**

Case No. _____

Beginning Inventory Report

Address of Individual: _____

City, State Zip: _____

Individual's age: _____ Individual's phone number: _____

Conservator: _____

Address: _____

City, State Zip: _____

Phone and email: _____

1) As the named conservator for the above protected individual, I am required to marshal the assets and provide a beginning inventory report within ninety (90) days of the order appointing me as conservator. Following is an inventory of all assets owned by the individual, or in which the individual has an interest, so far as is known me, the conservator. Additional pages are attached if needed. (*Fillable forms and instructions are available at ndcourts.gov/legal-self-help/conservatorship.*)

2) Cash, checking accounts:

Description	Value or Balance	Location

3) Savings accounts, other bank accounts, and investments:

Description	Value or Balance	Location

4) Real estate and physical assets:

Description	Value	Location

5) Personal property:

Description	Value	Location
Household goods and personal property		
Other (describe):		

6) Other assets:

Description	Value or Balance	Location

Total of all assets from Paragraphs 2-6: (also enter on line 9)	\$ _____
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7) Mortgages, loans, and liens on property:

Description	Value or Balance	Location

8) Other creditors, debt and unpaid bills:

Description	Value or Balance	Location

Total of all debt/liabilities for Paragraphs 7-8: (also enter on line 10) \$ _____

9) Total of all assets: \$ _____

10) Subtract the total of all debt: \$ _____

11) **Equals total estate value:** \$ _____

12) Comments or explanations of items in the estate: _____

13) I declare, under penalty of perjury under the law of North Dakota, that everything I stated in this Beginning Inventory Report is true and correct.

Signed on _____ (date) in _____ (city),
_____ (county), _____ state), _____ (country).

(Signature of Conservator)

(Printed Name of Conservator)

(Address) (City, State, Zip Code)

(Telephone Number) (Email Address)

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CONFIDENTIAL INFORMATION FORM

FULL INFORMATION

REDACTED INFORMATION

PROTECTED PERSON:

Name: _____

Date of Birth: _____

Social Security #: _____

Year of Birth: _____

XXX-XX-_____

CONSERVATOR:

Name: _____

Date of Birth: _____

Social Security #: _____

Year of Birth: _____

XXX-XX-_____

CO-CONSERVATOR:

Name: _____

Date of Birth: _____

Social Security #: _____

Year of Birth: _____

XXX-XX-_____

FINANCIAL ACCOUNT NUMBERS:

Name of Account: _____

Account Number: _____

Last 4 Digits: _____

Name of Account: _____

Account Number: _____

Last 4 Digits: _____

Name of Account: _____

Account Number: _____

Last 4 Digits: _____

FULL INFORMATION

REDACTED INFORMATION

Name of Account: _____

Account Number: _____

Last 4 Digits: _____

Name of Account: _____

Account Number: _____

Last 4 Digits: _____

Name of Account: _____

Account Number: _____

Last 4 Digits: _____

Name of Account: _____

Account Number: _____

Last 4 Digits: _____

Name of Account: _____

Account Number: _____

Last 4 Digits: _____

Name of Account: _____

Account Number: _____

Last 4 Digits: _____

TAXPAYER ID NUMBER:

Name: _____

ID Number: _____

Last 4 Digits: _____

Dated _____

(Signature)

(Printed Name)

(Address)

(City, State, Zip Code)

(Telephone Number)

(Email)

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**IN THE MATTER OF THE CONSERVATORSHIP OF
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Case No. _____

DECLARATION OF SERVICE BY MAIL

(May serve multiple persons ONLY IF envelopes are mailed same day from same Post Office.)

The person serving court documents by mail states:

1. My name is _____ *(name of person who mailed documents)*. I am at least 18 years of age.

2. **List of Court Documents Served** *(checkmark the box of each item served. If you have additional documents, checkmark the box and list the document):*

- Beginning Inventory Report
- _____
- _____
- _____
- _____

3. **Service by Mail:**

I served a true and correct copy of each of the court documents listed in Paragraph 2 by mailing them, enclosed in an envelope, by Certified Mail *(OR)* First-Class mail *(choose one)*, postage prepaid, and by depositing them in the United States Mail, directed to each person listed in Paragraph 5.

4. **Date and Post Office Location of Service by Mail:**

Date Court Documents Were Served by Mail: _____

United States Post Office Location:

(city) (county) (state)

Person or Persons Served by Mail:

1. Name of Person Served: _____
Mailing Address: _____
City, State, Zip Code: _____
2. Name of Person Served: _____
Mailing Address: _____
City, State, Zip Code: _____
3. Name of Person Served: _____
Mailing Address: _____
City, State, Zip Code: _____
4. Name of Person Served: _____
Mailing Address: _____
City, State, Zip Code: _____

5. I declare, under penalty of perjury under the law of North Dakota, that everything I stated in this Declaration of Service by Mail is true and correct.

Signed on _____ (date) in _____ (city),
_____ (county), _____ state), _____ (country).

(Signature)

(Printed Name)

(Address) (City, State, Zip Code)

(Telephone Number) (Email Address)

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DECLARATION OF SERVICE BY HAND DELIVERY

(A separate declaration is required for each person served.)

The person serving court documents by hand delivery states:

1. My name is: _____ *(name of person who hand delivered documents).*

2. I am at least 18 years of age. I am **not a party or** interested in the above named civil matter.

3. **List of Court Documents Served (List of Court Documents Served:**

(Checkmark the box of each item served. If you have additional documents, checkmark the box and list the document.)

Beginning Inventory Report

4. **Date, Time, and Address of Service by Hand Delivery:**

Date: _____ Time: _____ a.m. (or) p.m.

Address:

(street address)

(city)

(zip code)

5. **Service by Hand Delivery:**

As required by Rule 5(b)(3) of the North Dakota Rules of Civil Procedure, I served a true and correct copy of each of the court documents listed in Paragraph 3 to _____
_____ (*name of person served*) at the date, time and address listed in Paragraph 4 by handing the court documents directly to them. I know the person I served is the person intended to be served because (*explain how you identified the person*): _____

6. I declare, under penalty of perjury under the law of North Dakota, that everything I stated in this Declaration of Service by Hand Delivery is true and correct.

Signed on _____ (*date*) in _____ (*city*),
_____ (*county*), _____ (*state*), _____ (*country*).

(*Signature*)

(*Printed Name*)

(*Address*)

(*City, State, Zip Code*)

(*Telephone Number*)

(*Email Address*)