

Rule 7.12—Form 6: Inventory of Assets of Protected Person

Instructions:

- Conservators must complete, sign, and file this form with the court within ninety (90) days of appointment. Once the conservatorship is approved, Conservators must also file this form with all Conservator’s Annual Reports and Final Reports, identifying Protected Person’s assets at the close of the reporting period.
- The purpose of the Inventory is to provide the court with a complete picture of Protected Person’s current assets.
- Copies of this Inventory must be provided to Protected Person, Protected Person’s attorney and court advisor, if any, and others as the court directs.

In the Iowa District Court for _____ County	
In the Matter of the Conservatorship of: _____ <i>Full name: first, middle, last</i> <i>If the protected person is a minor, use initials only.</i> Protected Person.	Probate no. _____ <p style="text-align: center;">Inventory of Assets of Protected Person</p> <p style="text-align: right; font-size: small;">Iowa Code § 633.670(2)</p>

Conservator states as follows:

1. Protected Person’s assets

Protected Person owns the following assets:

A. Real estate

Type of real estate	Jointly owned? <i>Check box if jointly owned.</i>	Market value <i>What it would sell for</i>	Debt <i>Total amount owed on debt and to whom owed</i>	Net value <i>Market value minus debt owed</i>
(1) Homestead <i>Address</i>	<input type="checkbox"/>	\$	\$ to:	\$
(2) Other real estate <i>Address</i>	<input type="checkbox"/>	\$	\$ to:	\$

Check this box if you have attached a sheet with additional information.

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If you need assistance to participate in court due to a disability, call the disability coordinator (information at www.iowacourts.gov/Administration/Directories/ADA_Access/). Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). **Disability coordinators cannot provide legal advice.**

B. Vehicles *Includes cars, trucks, motorcycles, and other motorized vehicles.*

Vehicles <i>Make (e.g., Ford)</i> <i>Year</i>	Jointly owned? <i>Check box if jointly owned</i>	Market value <i>What it would sell for</i>	Debt <i>Total amount owed on debt and to whom owed</i>	Net Value <i>Market value minus debt owed</i>
(1)	<input type="checkbox"/>	\$	\$ to:	\$
(2)	<input type="checkbox"/>	\$	\$ to:	\$
(3)	<input type="checkbox"/>	\$	\$ to:	\$

Check this box if you have attached a sheet with additional information.

C. Securities, stocks, & bonds

Securities, stocks, & bonds <i>Company name</i>	Jointly owned? <i>Check box if jointly owned</i>	Market value <i>What it would sell for</i>	Debt <i>Total amount owed on debt and to whom owed</i>	Net value <i>Market value minus debt owed</i>
(1)	<input type="checkbox"/>	\$	\$ to:	\$
(2)	<input type="checkbox"/>	\$	\$ to:	\$
(3)	<input type="checkbox"/>	\$	\$ to:	\$

Check this box if you have attached a sheet with additional information.

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D. Life insurance

Life insurance <i>Company name</i>	Jointly owned? <i>Check box if jointly owned</i>	Cash value <i>Not death benefit</i>	Loan from cash value <i>Total amount still owed on loan</i>	Cash value <i>Minus loan owed</i>
(1)	<input type="checkbox"/>	\$	\$	\$
(2)	<input type="checkbox"/>	\$	\$	\$
(3)	<input type="checkbox"/>	\$	\$	\$

Check this box if you have attached a sheet with additional information.

E. Bank accounts

Checking & savings accounts <i>Bank or Credit Union name If you do not use bank accounts, write "Cash"</i>	Jointly owned? <i>Check box if jointly owned</i>	Cash value	Personal loans or overdraft accounts <i>Total amount still owed, if any</i>	Net value <i>Cash value minus loan / overdraft owed</i>
(1)	<input type="checkbox"/>	\$	\$	\$
(2)	<input type="checkbox"/>	\$	\$	\$
(3)	<input type="checkbox"/>	\$	\$	\$

Check this box if you have attached a sheet with additional information.

F. Household

Household contents <i>Describe</i>	Jointly owned? <i>Check box if jointly owned</i>	Market value <i>What it would sell for</i>	Debt <i>Total amount owed on debt and to whom owed</i>	Net value <i>Market value minus debt owed</i>
(1) Furniture a.	<input type="checkbox"/>	\$	\$ to:	\$
b.	<input type="checkbox"/>	\$	\$ to:	\$
c.	<input type="checkbox"/>	\$	\$ to:	\$
d.	<input type="checkbox"/>	\$	\$ to:	\$

(2) Appliances / Electronics a.	<input type="checkbox"/>	\$	\$ to:	\$
b.	<input type="checkbox"/>	\$	\$ to:	\$
c.	<input type="checkbox"/>	\$	\$ to:	\$
d.	<input type="checkbox"/>	\$	\$ to:	\$
(3) Other contents a.	<input type="checkbox"/>	\$	\$ to:	\$
b.	<input type="checkbox"/>	\$	\$ to:	\$
c.	<input type="checkbox"/>	\$	\$ to:	\$

Check this box if you have attached a sheet with additional information.

G. Retirement assets

Retirement assets <i>Examples: Pensions, IRAs, 401(k)s, annuities, etc.</i>	Jointly owned? <i>Check box if jointly owned</i>	Market value <i>What it would sell for</i>	Loan from retirement account <i>Total amount still owed, if any and to whom owed</i>	Net value <i>Market value minus loan owed</i>
(1)	<input type="checkbox"/>	\$	\$ to:	\$
(2)	<input type="checkbox"/>	\$	\$ to:	\$
(3)	<input type="checkbox"/>	\$	\$ to:	\$

Check this box if you have attached a sheet with additional information.

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H. Other assets *Items not listed in the other boxes should be listed here. For example: jewelry, furs, guns, sporting goods, farm animals.*

Other assets <i>Describe</i>	Jointly owned? <i>Check box if jointly owned</i>	Market value <i>What it would sell for</i>	Debt <i>Total amount owed on debt and to whom owed</i>	Net value <i>Market value minus debt owed</i>
(1)	<input type="checkbox"/>	\$	\$ to:	\$
(2)	<input type="checkbox"/>	\$	\$ to:	\$
(3)	<input type="checkbox"/>	\$	\$ to:	\$

Check this box if you have attached a sheet with additional information.

I. Totals

(1) Total from attached sheets <i>Listed in 1A-H.</i>	\$
(2) Total net value of assets <i>Listed in 1A-H.</i>	\$

J. Jointly owned assets

For each jointly owned asset, identify:

Asset: _____
Description of jointly owned asset

a. Person responsible for management of asset:

Full name: first, middle, last

b. Person responsible for payments (if any):

Full name: first, middle, last

c. Payment amount (if any): _____
Identify payment amount and how often it is paid

d. Source of payments (if any): _____
Identify sources of payment for asset

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Asset: _____
Description of jointly owned asset

a. Person responsible for management of asset:

Full name: first, middle, last

b. Person responsible for payments (if any):

Full name: first, middle, last

c. Payment amount (if any): _____
Identify payment amount and how often it is paid

d. Source of payments (if any): _____
Identify sources of payment for asset

Asset: _____
Description of jointly owned asset

a. Person responsible for management of asset:

Full name: first, middle, last

b. Person responsible for payments (if any):

Full name: first, middle, last

c. Payment amount (if any): _____
Identify payment amount and how often it is paid

d. Source of payments (if any): _____
Identify sources of payment for asset

Check this box if you have attached a sheet with additional jointly owned assets.

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2. Other assets

A. Provide a complete list of Protected Person's assets **not transferred** into conservatorship's name.

Other assets <i>Describe</i>	Jointly owned? <i>Check box if jointly owned</i>	Market value <i>What it would sell for</i>	Debt <i>Total amount owed on debt and to whom owed</i>	Net value <i>Market value minus debt owed</i>
(1)	<input type="checkbox"/>	\$	\$ to:	\$
(2)	<input type="checkbox"/>	\$	\$ to:	\$
(3)	<input type="checkbox"/>	\$	\$ to:	\$
(4)	<input type="checkbox"/>	\$	\$ to:	\$
(5)	<input type="checkbox"/>	\$	\$ to:	\$
(6)	<input type="checkbox"/>	\$	\$ to:	\$

Check this box if you have attached a sheet with additional information.

For each jointly owned asset, identify:

Asset: _____
Description of jointly owned asset

a. Person responsible for management of asset:

Full name: first, middle, last

b. Person responsible for payments (if any):

Full name: first, middle, last

c. Payment amount (if any): _____
Identify payment amount and how often it is paid

d. Source of payments (if any): _____
Identify sources of payment for asset

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Asset: _____
Description of jointly owned asset

a. Person responsible for management of asset:

Full name: first, middle, last

b. Person responsible for payments (if any):

Full name: first, middle, last

c. Payment amount (if any): _____
Identify payment amount and how often it is paid

d. Source of payments (if any): _____
Identify sources of payment for asset

Asset: _____
Description of jointly owned asset

a. Person responsible for management of asset:

Full name: first, middle, last

b. Person responsible for payments (if any):

Full name: first, middle, last

c. Payment amount (if any): _____
Identify payment amount and how often it is paid

d. Source of payments (if any): _____
Identify sources of payment for asset

Check this box if you have attached a sheet with additional jointly owned assets.

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B. Provide a complete list of any assets **not owned solely** by Protected Person that will be transferred into conservatorship's name.

Other assets <i>Describe</i>	Market value <i>What it would sell for</i>	Debt <i>Total amount owed on debt and to whom owed</i>	Net value <i>Market value minus debt owed</i>
(1)	\$	\$ to:	\$
(2)	\$	\$ to:	\$
(3)	\$	\$ to:	\$
(4)	\$	\$ to:	\$
(5)	\$	\$ to:	\$
(6)	\$	\$ to:	\$

Check this box if you have attached a sheet with additional information.

3. Attorney Help *Check one*

A. An attorney did not help me prepare or fill in this paper.

B. An attorney helped me prepare or fill in this paper.

If you check B, you must fill in the following information:

_____ *Name of attorney or organization, if any*

_____ *Business address of attorney or organization*

_____ *City* _____ *State* _____ *ZIP code*

(_____) _____ *Phone number* _____ *Fax number*

_____ *Email address* _____ *Additional email address, if applicable*

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4. Oath and signature of Conservator

I, _____, have read this Inventory, and I certify under
Print Conservator's name
penalty of perjury and pursuant to the laws of the State of Iowa that the information I
have provided in this Inventory is believed to be complete and accurate as far as
information permits.

_____, 20_____
*Month Day Year Signature**

Name of financial institution, if applicable Conservator's title, if applicable

Mailing address

City State ZIP code

(_____) _____
Phone number

Email address Additional email address, if applicable

**Handwrite your signature on this form. Scan the form after signing it and file it electronically.*

Note: Bank statements, checks, receipts, stubs, and other items evidencing receipt of funds and payment must be available to the court on demand.