State of Minnesota

County of _____

In Re: Conservatorship of

_____,

Protected Person

District Court

_____ **Judicial District**

Probate / Mental Health Division

Court File No. _____

Case Type: 14, Conservatorship

INVENTORY

Date of Appointment: _____

The Inventory is summarized on these pages. Pursuant to General Rule of Practice for District Courts, Rule 11, restricted identifiers and financial source documents are confidential. See Forms 11.1 and 11.2. Do not list financial account numbers or social security numbers on this form. List such information on Form 11.1.

CLASS I PROPERTY: Real Estate

Real Estate *Specify plat or survey description. Specify encumbrances, liens, etc., and respective sums for each.*	Amount	Total
a. Homestead: located in the County of _____; Legally described as:		
b. Non-homestead real property: located in the County of _____, legally described as:		

Total Class I Property: Real Estate		

CLASS II PROPERTY: Personal Property

a. Furniture and Household Goods (*attach statement if needed*)	Amount	Total
1.		
2.		
3.		
4.		
a. Total Furniture, Fixtures and Household Goods:		

b. Wearing Apparel (*attach statement if needed*)	Amount	Total
1.		
2.		
3.		
4.		
b. Total Wearing Apparel:		

c. Corporate Stocks (*attach statement if needed*) *Corporate name, number of shares and value per share*	Amount	Total
1.		
2.		
3.		
4.		
c. Total Corporate Stock:		

d. Bank Accounts – Certificates of Deposit (*attach statement if needed*) *Specify Institutions and Balances –* *List Account Numbers on Confidential Form 11.1*	Amount	Total
1.		
2.		
3.		
4.		
d. Total Bank Accounts and Certificates of Deposit:		

Other Personal Property (*attach statement if needed*)	Amount	Total
1. Attach statement if needed		
2.		
3.		
4.		
e. Total Other Personal property:		

Total Class II Property: Personal Property **Subtotal of Class II items: a, b, c, d and e** (*List this amount on Line 1 of the First Annual Account, Form 14*)		

Total Real and Personal Property

Total Class I Property: Real Estate		
Total Class II Property: Personal Property		
Total Class I and Class II Property		

STATE OF MINNESOTA

COUNTY OF _____

_____ hereby states that s/he is the conservator of the estate for the above-entitled protected person, that s/he has read the inventory and knows its contents, including the confidential provisions herein, that the same is a true and correct Inventory of the protected person's estate that has come into the conservator's possession, and that s/he has given notice of the filing of this inventory, together with a copy of the inventory, to the protected person.

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116.

Dated: _____, 20___

_____
Signature of Conservator
Name: _____
Address: _____
                _____
                _____
Telephone: _____
E-mail address _____

Name of Petitioner's Attorney:
Name: _____
License No.:   _____
Address: _____
                _____
                _____
Telephone: _____
E-mail address _____

State of Minnesota

County of _____

District Court

_____ **Judicial District**

Probate / Mental Health Division

Court File No. _____

Case Type: 14, Conservatorship

In Re: Conservatorship of

_____**, Protected Person**

CONSERVATORSHIP ACCOUNT CONFIDENTIAL FINANCIAL SOURCE DOCUMENTS
(also known as Form 11.2)
(Minn. Gen. R. Prac. 11.02)

THIS LISTING OF SEALED FINANCIAL SOURCE DOCUMENTS IS ACCESSIBLE TO THE PUBLIC BUT THE SOURCE DOCUMENTS SHALL NOT BE ACCESSIBLE TO THE PUBLIC EXCEPT AS AUTHORIZED BY COURT RULE OR ORDER

☐ Bank statements
Periods covered: _____

☐ Credit card statement
Periods covered: _____

☐ Verification of Funds on Deposit

☐ Verification of Stocks and Other Securities

☐ Other: _____

Information supplied by: _____

_____

Dated: _____
Name of Petitioner's Attorney:
Name: _____
License No.: _____
Address: _____
_____
City/State/Zip: _____
Telephone: _____
E-mail address _____

State of Minnesota

County of _____

District Court

_____ **Judicial District**

Probate / Mental Health Division

Court File No. _____

Case Type: 14, Conservatorship

In Re: Conservatorship of

_____ **, Protected Person**

The information on this form is confidential and shall not be placed in a publicly accessible portion of a file.

CONSERVATORSHIP ACCOUNT CONFIDENTIAL INFORMATION FORM 11.1
(also known as Form 11.1)
Minn. Gen. R. Prac. 11.02

NAME	SOCIAL SECURITY NUMBER / BANK ACCOUNT NUMBERS / OTHER FINANCIAL ACCOUNT NUMBERS
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____

*   Add supplemental information if needed

Information supplied by: _____

_____

Dated: _____
Name of Petitioner's Attorney:
Name: _____
License No.: _____
Address: _____
_____
City/State/Zip: _____
Telephone: _____
E-mail address _____