IN THE MATTER OF

CASE NUMBER

INVENTORY AND APPRAISEMENT

! ORIGINAL ___

! SUPPLEMENTAL #_____

Conservator: ____

Protected Person's Social Security Number: _____

The undersigned, being sworn, states: That the following schedules contain a complete and accurate inventory and appraisement of all real and personal property of this estate so far as the undersigned is informed; that he/she has estimated and appraised all listed property at its fair market value, according to the best of his/her knowledge and ability.

Copies of this inventory have been sent to the following persons.*

SWORN to before me this _____

day of _____.

Signature: _ Name: _ Address: _	
Telephone (O):	

(H):

Notary Public for South Carolina My Commission Expires:

The gross fair market valuation of all assets, regardless of situs, should be given as of the date of appointment. List all out-of-state assets on appropriate schedules. A Supplemental Inventory should be utilized for correcting, adjusting or adding to an original inventory.

The type and amount of any encumbrances that may exist with reference to any item should be disclosed.

Case Number:

RECAPITULATION

	Out-of-state	In-state
Schedule A - Real Estate.	\$	\$
Schedule B - Stocks and Bonds.		
Schedule C - Mortgages, Notes and Cash		
Schedule D - Insurance on Person's Life		
Part 1 - Payable to Estate		
Part 2 - Payable to Beneficiary		
Schedule E - Jointly Owned Property		
Schedule F - Other Miscellaneous.		
Schedule G - Transfers prior to		
incapacity	·	
Schedule H - Powers of Appointment.	•	
Schedule I - Annuities.	·	
TOTAL GROSS VALUE.	.\$	\$
ENCUMBRANCES		()
TOTAL NET WORTH		\$

*Within thirty (30) days following appointment, a copy of the inventory and appraisement shall be sent to each interested person who requests it, and the original inventory filed with the Probate Court. A copy must also be provided to the protected person, if he/she has attained the age of 14 years, and to any parent or guardian with whom the protected person resides.

NOTE: WHEN COMPLETING THE FOLLOWING SCHEDULES, PLEASE REMEMBER TO LIST ALL ASSETS, REGARDLESS OF SITUS. ALL OUT-OF-STATE ASSETS MUST BE DISCLOSED.

SCHEDULE A - Real Estate (All interest in real property except those held with right of survivorship) (If none, so state.)

(For jointly owned property with right of survivorship, see schedule E)

Item No Description Tax Assessor's Fair Market Value for year of Appointment Appraised Value of Protected Person's Interest

TOTAL SCHEDULE A (also enter under recapitulation above)

\$_____

Appraised

Value

Case Number:						
SCHEDULE B - Stocks and Bonds (If none, so state.) (For jointly owned property with right of survivorship, see schedule E)						
Item No.	Description	Face Value	Appraised Value			
TOTAL SCHEDULE B (also enter under recapitulation, page 2)			\$			
SCHEDULE C - Mortgages, Notes and Cash (If none, so state.) (For jointly owned property with right of survivorship, see schedule E)						
Item No.	Description		Value			
			٥			
TOTAL SCHEDULE C (also enter under recapitulation, page 2)		\$				
(If more space is required, insert tax schedules or additional sheets of same size.)						
SCHEDULE D) - Insurance (If none, so s	state.)				
Part 1 - Life Insurance Payable to the Estate						
Item No.	Description		Value			
IGHTINU.	Description		value			

\$_____

Item No.

Case Number:

Part 2 - Life Insurance Payable to Beneficiaries

Description

TOTAL PART 2 (also enter under recapitulation, page 2)

SCHEDULE E - Jointly owned Property (with right of survivorship) (If none, so state.)

Appraised ValuePercentageof ProtectedItem No.DescriptionIncludiblePerson's Interest

TOTAL SCHEDULE E (also enter under recapitulation, page 2)

(If more space is required, insert tax schedules or additional sheets of same size.)

SCHEDULE F - Miscellaneous Personal Property (tangible personal property, employment bonus or award, interest in a partnership or unincorporated business, articles or collections having either artistic or intrinsic value, etc.) (If none, so state.) (For jointly owned property with right of survivorship, see schedule E.)

Item No.

Description

TOTAL SCHEDULE F (also enter under recapitulation, page 2)

\$_____

Value

\$_____

Value

\$_____

Case Number:

SCHEDULE G - Transfers Prior to Incapacity (Transfers intended to take effect at death. United States Government Bonds "Payable on Death", Trust created by Incapacitated Person prior to incapacity in which income for life was retained, Power to revoke or other incidents of ownership retained, life insurance transfers, Lifetime transfers of real property in which Incapacitated Person retains a life estate or other incidents of ownership.) (If none, so state.)

Item No. Description

Value

\$_____

Value

\$

TOTAL SCHEDULE G (also enter under recapitulation, page 2)

(If more space is required, insert tax schedules or additional sheets of same size.)

SCHEDULE H - Powers of Appointment (Property, both real and personal, over which Incapacitated Person possessed a Power of Appointment, whether Testamentary or otherwise.) (If none, so state.)

Item No.

Description

TOTAL SCHEDULE H (also enter under reca	\$	
SCHEDULE I - Annu	ities (IRA's, Keogh's, etc.) (If none, so state.)	
Item No.	Description	Value

TOTAL SCHEDULE I (also enter under recapitulation, page 2)

Case Number:

ENCUMBRANCES

Item No. Schedule & Item Number

Description & Amount

Encumbered Thereby

TOTAL ENCUMBRANCES (also enter under recapitulation, page 2)

\$_____

(If more space is required, insert tax schedules or additional sheets of same size.)