

AOC 855 Doc. Code: INV  
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Commonwealth of Kentucky  
Court of Justice [www.courts.ky.gov](http://www.courts.ky.gov)  
KRS 387.100; 387.710



**60 DAY INVENTORY OR  
SUPPLEMENTAL INVENTORY**  
 GUARDIAN OR CONSERVATOR FOR MINOR  
 CONSERVATOR FOR DISABLED PERSON

Case No. \_\_\_\_\_  
Court \_\_\_\_\_ District \_\_\_\_\_  
County \_\_\_\_\_  
Division \_\_\_\_\_

**NOTICE TO GUARDIAN OR CONSERVATOR FOR MINOR AND TO CONSERVATOR FOR DISABLED PERSON:**  
FILE THIS INVENTORY WITHIN **60 DAYS** OF APPOINTMENT. IF OTHER PROPERTY LATER COMES TO YOUR POSSESSION OR KNOWLEDGE, A SUPPLEMENTAL INVENTORY MUST BE FILED WITHIN 60 DAYS OF OBTAINING SUCH POSSESSION OR KNOWLEDGE. (NOTE: YOU ARE NOT REQUIRED TO FILE THIS INVENTORY IF YOU ARE THE GUARDIAN FOR A DISABLED PERSON.)

**IN RE: Estate of \_\_\_\_\_, a  Minor under 18  Disabled Person.**  
\_\_\_\_\_ states that as  guardian  conservator, the following is a full, true and complete Inventory of the Estate which has come into his/her hands or the existence of which he/she has possession or knowledge:

1. **Real Property:** (Include description, address, probable value and probable value of rent.) **Value**  
\_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_

2. **Personal Property:**  
a. Motor Vehicles (Autos, Trucks, Farm Equipment) **Value**  
\_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_

b. Household Appliances and Jewelry **Value**  
\_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_

3. **List all monies owed for any item under 1 and 2:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. **Monies or Cash on Hand:**

a. Monthly Government Benefits and Pensions, Social Security, SSI	<b>Value</b>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

b. Savings, Checking Accounts, and Certificates of Deposit	<b>Value</b>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

5. <b><u>Claims against the Ward:</u></b>	<b>Value</b>
_____	\$ _____
_____	\$ _____

6. <b><u>Claims by the Ward against others:</u></b>	<b>Value</b>
_____	\$ _____
_____	\$ _____

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Guardian/Conservator Signature**

\_\_\_\_\_  
Guardian's/Conservator's Phone Number

\_\_\_\_\_

\_\_\_\_\_  
Address

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Name/Title