

STATE OF SOUTH CAROLINA)
)
 COUNTY OF: _____)
)
 IN THE MATTER OF: _____)

IN THE PROBATE COURT
INVENTORY AND APPRAISEMENT
 CASE NUMBER: _____

ORIGINAL
 SUPPLEMENTAL # _____

Conservator: _____

The undersigned, being sworn, states: That the following schedules contain a complete and accurate inventory and appraisal of all real and personal property of this estate so far as the undersigned is informed; that he/she has estimated and/or 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 _____, 20 _____

Signature: _____
 Name: _____
 Address: _____

Notary Public for South Carolina
 My Commission Expires: _____

Telephone (O): _____
 (H): _____

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.

RECAPITULATION

Schedule A - Real Estate	_____
Schedule B - Investments	_____
Schedule C - Anticipated Annual Receipts	_____
Schedule D - Life Insurance	_____
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, the original inventory shall be filed with the Probate Court. A copy must 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 and to other interested persons as directed by the Court.

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 (If none, so state.) List interest in real property except those held with right of survivorship. (See Schedule E). If real property is income producing, report income on Schedule C.

Item No.	Description - Include location, tax map number and use made of property (e.g., rental, owner-occupied)	Property, insurance carrier & Amount of Insurance	Type of ownership and Percentage Interest (e.g., fee simple, tenants in common)	Fair Market value of Protected Person's Interest

TOTAL SCHEDULE A
(also enter under recapitulation, page 1) \$ _____

SCHEDULE B - Investments (If none, so state) List stocks, bonds, notes, receivables, checking and savings accounts, certificates of deposit, mutual funds, retirement accounts, etc. If investments produce income, report income on Schedule C. List investments held with right of survivorship on Schedule E.

Item No.	Description of Shares	Include kind of investment, location and number	Type of ownership and percentage interest	Fair Market Value

TOTAL SCHEDULE B
(also enter under recapitulation, page 1) \$ _____

SCHEDULE C - Anticipated Annual Receipts (If none, so state.) List all income, including social security, workers compensation benefits, annuities, retirement interest income, rental income, alimony, disability benefits, dividends, royalties, etc.

Item No.	Description	When received (monthly, quarterly, annually, etc.)	Annual Amount

TOTAL SCHEDULE C
(also enter under recapitulation, page 1) \$ _____

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

SCHEDULE D - Life Insurance owned by the Protected Person. (If none, so state.) Specify type of insurance, e.g., "whole life," "universal life," or "term." If there are loans against the policy, so indicate.

Item No.	Description - type, company, name, policy number, premium amount	Insured	Beneficiary	Face Value	Cash Value

TOTAL CASH VALUE
(also enter under recapitulation, page 1) \$ _____

Other Insurance - Health, Disability, Supplement, Long Term Care

Item No.	Description - type provided	Company Name	Policy Number	Coverage	Premium Amount	When Payable

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

Item No.	Description - include kind, location and co-owner(s)	Appraised Value(s)	Percentage Ownership	Value of Protected Person's Interest

TOTAL SCHEDULE E
(also enter under recapitulation, page 1) \$ _____

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

SCHEDULE F - Miscellaneous Personal Property - (If none, so state.) List tangible personal property items, title assets, employment bonus or award, interest in a partnership or unincorporated business, articles or collections having either artistic or intrinsic value, etc.)

Item No.	Description	Location	Value of Protected Person's Interest

TOTAL SCHEDULE F

(also enter under recapitulation, page 1)

\$ _____

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

SCHEDULE G - Transfers Within Three Years of 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

TOTAL SCHEDULE G

(also enter under recapitulation, page 1)

\$ _____

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

