PLEASE ANSWER THE FOLLOWING QUESTIONS

1. Are the items of tangible personal property shown on Schedule F of the inventory still in existence? If so, where are they located?

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

2. Have any items shown on the original inventory been disposed of?

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

3. Have any items of tangible personal property been acquired during the accounting period?

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

4. Where are these new items located?

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

5. Is proper casualty insurance carried on these tangible items of personal property? If so, list company and amount of coverage.

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

6. Does the protected person still own the real estate listed on Schedule A of the Inventory?

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

7. Has the protected person acquired an interest in real estate that was not shown on the Inventory?

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
Is proper casualty insurance maintained, if necessary, on any real or personal property owned by the Protected Person? If so, list company, amount of coverage and effective dates of policy.

__________________________________________

__________________________________________

__________________________________________

Executed this _____ day of ________________________, 20____.

SWORN to before me this _____ day of
__________________________________________, 20 _____
Signature: ______________________________________
Name: ______________________________________
Address: ______________________________________

______________________________
Notary Public for South Carolina
My Commission Expires: _____________

______________________________
Telephone (O): ______________________
(H): _____________________________

☐ Check here if address or phone number has changed from last report