Code: GFD

STATE OF MICHIGAN PROBATE COURT WAYNE COUNTY	GUARDIAN'S FINANCIAL DISCLOSURE OF WARD'S ASSETS	CASE NO. and JUDGE

Court address
1305 Coleman A Young Municipal Center, 2 Woodward Ave, Detroit, MI 48226

Court telephone
(313) 224-5706

USE NOTE: The guardian must serve this completed disclosure on all interested persons as required by Michigan Court Rule 5.409(B). Then the guardian must complete a proof of service (form PC 564) and file it and this disclosure with the court.

In the matter of _____

I am the guardian and submit this financial disclosure of ward's assets as a complete and accurate inventory of all assets and income for which the ward has an interest. I have served a copy of this form on the ward and all interested parties and will complete and file a proof of service (form PC 564) with the court.

A. Personal Property (everything a person owns except real property)
List all personal property owned by the ward. This includes, but is not limited to vehicles, prepaid burial contracts, life insurance (cash value), bank accounts, investments, retirement/401k/IRA accounts, annuities, and any other individual item of high value, owned or co-owned by ward, and all current accounts held by guardian.

Asset description	Financial Institution (if applicable)	Names of all owners	Value	Valuation Date
1.				
2.				
3.				
4.				
5.				
Total Personal Property				

B. Real Property (land, including a building or house that is built on the land)
List any real property the legally incapacitated individual owns jointly or in common with others, including the type of ownership.

Property Description	Type of Ownership	Fair Market Value
1.		
2.		
3.		
4.		
5.		
Total Assets		

B. **Income** - List any and all monthly benefits for which the ward is entitled to receive including, but not limited to Social Security, pension, employment income, and other income streams.

Name of Payor	Type of Income	Amount Received Per Month
1.		
2.		
3.		
4.		
5.		
Total Monthly Income Amount		

C. **Expenses** - List all regular expenses for the Legally Incapacitated Individual. Expenses include but are not limited to monthly patient pay amount or housing, patient trust account deposits, monthly spending money, monthly guardianship fees, utilities, medical expenses, etc.)

Type of Expense	Amount (indicate average amount of the expense per month)	Paid to: (identify recipient)
1.		
2.		
3.		
4.		
5.		
Total Monthly Expenses		

Please attach documentation to substantiate the values reported on this form.

☐ There is a conservator appointed and serving on behalf of this ward, and
☐ not all of the information above has been reported by the conservator.
☐ all of the information above has been reported by the conservator.

Date

Guardian Signature

Attorney name (type or print) Bar no.

Name (type or print)

Attorney address

Address

City, state, zip Telephone no.

City, state, zip Telephone no.