



How to Complete an Inventory Report

1. Open the report form

In the Upcoming & Overdue Reports section of your Dashboard, click on the Create Report icon for the correct Inventory report and incapacitated person (IP).

2. Is the IP deceased?

On the GTS - Inventory Report screen, select an option from the dropdown.

If you select "No", continue to Step 3.

If you select "Yes", contact the court office at the phone number displayed. You will not complete the Inventory report. Click CANCEL at the bottom of the form.

3. Part II, #1: Assets?

If the IP has assets (i.e. bank accounts, real estate, or other personal property), click on the dropdown and select 'Yes', and continue to Step 4.

If not, click on the dropdown and select 'No' and proceed to Step 10.

4. Click the Add Asset icon

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5. Part II, #1: (cont.): Asset Type

Click on the **Asset Type** dropdown and select the option that best describes the type of property you are recording for the IP.

7. Part II, #1: (cont.): Name of co-owners

Click in the **Name of Co-Owner(s)** field and enter the name of any individual, other than the IP, that maintains ownership in the asset. This may not be applicable in all instances.

9. Part II, #1 (cont.): Add other assets

Repeat Steps 4-8 for all the IP's assets.

PART II. ASSETS (PRINCIPAL)

1. List all bank accounts, real estate and other personal property below. If the property is owned owner(s) in the space below.

* Do you wish to enter asset details for the incapacitated person: Yes

Asset Type	Asset Description	Name of Co-Owner(s)	Asset Value	
Personal			765	
Burial Acc	Members 1st Cred		1323	
			SubTotal:	
			2088	

6. Part II, #1: (cont.): Description

Click in the **Asset Description** field and briefly summarize the asset.

8. Part II, #1: (cont.): Value

Click in the **Asset Value** field and enter the amount, in U.S. dollars, the asset is worth.

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10. Part II, #2:

Property

Click on the dropdown and select 'Yes' or 'No' to specify if any property, especially bank accounts or real estate, are co-owned by the IP and the guardian.

If you selected 'No', proceed to Step 14.

If you selected 'Yes', continue to Step 11.

Tip If the IP has no property, answer 'No'.

12. Part II, #2b:

Date guardian added

Enter the date on which the guardian's name was added as a co-owner to the property. This may or may not be the same as the original date of acquisition.

2. Is any property (specifically bank accounts or real estate) co-owned by the Incapacitated Person

* Joint Property: Yes

a. On what date was the property acquired: 05/27/1993

b. On what date was the guardian's name added: 09/25/2016

c. The guardian is: an individual having access or control over the account
 an owner of the account

11. Part II, #2a: *Date acquired*

Enter the date on which the property was originally acquired by the IP.

13. Part II, #2c: *Guardian ownership*

Select the appropriate checkbox based on whether the guardian has control over the account and/or is an owner.

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14. Part II, #3: *Homeowners insurance*

Click on the dropdown and select 'Yes' or 'No' to specify if the IP has homeowners insurance for any real property they own.

If you selected 'Yes', continue to Step 15.

If you selected 'No', proceed to Step 17.

Tip Real property includes any land and any structures on that land.

3. Does the Incapacitated Person have a homeowners insurance policy for real property?

* Homeowner's Insurance: Yes

a. Homeowner's Insurance Carrier: Nationwide Insurance

b. Homeowner's Insurance Coverage Start: 02/20/2022

Homeowner's Insurance Coverage End: 02/20/2023

Copy of policy to be provided upon request.

15. Part II, #3a: *Carrier*

Click in the **Homeowner's Insurance Carrier** field and enter the name of the insurance provider that sold the homeowners policy.

16. Part II, #3b: *Coverage Period*

Click in the **Homeowner's Insurance Coverage Start** and **End** date fields and enter the dates for which the coverage is valid.

17. Part II, #4: *Automobile insurance*

Click on the dropdown and select 'Yes' or 'No' to specify if the IP has an automobile insurance policy.

If you selected 'Yes', continue to Step 18.

If you selected 'No', proceed to Step 20.

4. Does the Incapacitated Person have an automobile insurance policy?

* Automobile Insurance: Yes

a. Automobile Insurance Carrier: Nationwide Insurance

b. Automobile Insurance Coverage Start: 07/20/2022

Automobile Insurance Coverage End: 02/20/2023

Copy of policy to be provided upon request.

18. Part II, #4a: *Carrier*

Click in the **Automobile Insurance Carrier** field and enter the name of the insurance provider that sold the policy.

19. Part II, #4b: *Coverage Period*

Click in the **Automobile Insurance Coverage Start** and **End** date fields and enter the dates for which the coverage is valid.

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20. Part II, #5: Safe deposit box

Click on the dropdown and select 'Yes' or 'No' to specify if the IP has a safe deposit box.

If you selected 'No', proceed to Step 24.

If you selected 'Yes, in sole name', proceed to Step 22.

If you selected 'Yes, in joint name(s)', continue to Step 21.

5. Does the Incapacitated Person have a safe deposit box?

* Safe Deposit Box: Yes, in joint name(s) [v]

* Joint name(s): Cameron Boggs [x]

* a. Location of safe deposit box: Members 1st, 105 Chambersburg St. Se [x]

* b. Are there plans to inventory the contents?: Yes [v]

21. Part II, #5 (cont.): Joint names

Click in the **Joint name(s)** field and enter the name of any individual, other than the IP, that maintains joint ownership of the box.

22. Part II, #5a: Safe deposit box location

Enter the name and address of the bank or other institution where the safe deposit box is housed.

23. Part II, #5b: Inventory safe deposit box

Click on the dropdown and select 'Yes' or 'No' to specify if the safe deposit box will be, or already has been, inventoried.

24. Part III, #1: Did the IP receive income?

If the IP received income during the reporting period, click on the dropdown and select 'Yes', and continue to Step 25.

If not, click on the dropdown and select 'No' and proceed to Step 29.

PART III: ANNUAL INCOME

1. List all sources of income for the Incapacitated Person:

* Do you wish to enter income details for the incapacitated person?: Yes [v]

Does the Incapacitated Person receive any of the following as income?

Income Source Type	Income Description	Income Amount	
SubTotal:			

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25. Part III, #1
(cont.): Click the Add Income Source icon

27. Part III, #1
(cont.): Income amount

Click in the **Income Amount** field and enter the annual income, in U.S. dollars, for the selected income source type.

Income Source Type	Income Description	Income Amount
Social Security Benefits (Retir		11432

SubTotal: 11432

26. Part III, #1
(cont.): Income Source Type

Click on the **Income Source Type** dropdown and select the option that best describes the income the IP receives.

Tip If you choose 'Other', you must enter a description of the income.

29. Part IV, #1:
Liability/debt?

If the IP has any outstanding liabilities or debts, click on the dropdown and select 'Yes', and continue to Step 30.

If not, click on the dropdown and select 'No' and proceed to Step 35.

Liability/Debt	Lender	Value
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SubTotal:

28. Part III, #1
(cont.): Add other income

Repeat Steps 25-27 for any additional sources of income for the IP.

30. Part IV, #1
(cont.): Click the Add Income Source icon

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31. Part IV, #1

(cont.): *Type of liability/debt*

Click in the **Liability/Debt** field and summarize the type of debt that is owed by the IP (ex. mortgage, credit cards, automobile loan, etc.).

32. Part IV, #1

(cont.): *Lender*

Click in the **Lender** field and enter the name of the person or organization to whom the debt is owed.

PART IV. LIABILITIES/DEBTS

1. List all debts the Incapacitated Person owes, including mortgages, loans, credit card debt, e

* Do you wish to enter liabilities and debt details for the incapacitated person:

Liability/Debt	Lender	Value	
<input type="text" value="Credit Card"/>	<input type="text" value="Visa"/>	<input type="text" value="1211"/>	
		SubTotal:	
		<input type="text" value="1211"/>	

33. Part IV, #1

(cont.): *Value*

Click in the **Value** field and enter the amount, in U.S. dollars, that is owed to the lender.

34. Part IV, #1

(cont.): *Add other liabilities/ debts*

Repeat Steps 30-33 to enter any additional liabilities/debts owed by the IP.

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35. Part V, #1:

Surety bond

Confirm that the information appearing in this field correctly shows if a surety bond was required by the decree that appointed you as guardian.

Tip A guardianship surety bond can be required for the person(s) responsible for handling the fiduciary duties of an IP's estate.

Tip If the information that defaults is incorrect, contact the court where the case is filed before you proceed with the report.

37. Part V, #2: (cont.): *Liability coverage*

Click on the dropdown and select 'Yes' or 'No' to specify if you maintain personal liability coverage.

Tip If you select 'Yes', you will need to upload a copy of your insurance policy to the Inventory report. This can be completed in Step 66.

PART V: GUARDIAN COVERAGE

1. Was a surety bond required by the decree appointing you as guardian?
* Surety Bond Required: Yes

Please attach a copy of the bond using the (Upload Document) button found at the bottom of this page.

2. Are you a professional guardianship agency or an attorney serving as a guardian?
* Professional Status: Yes

* Do you have professional liability coverage?: Yes

Please attach a copy of insurance policy using the (Upload Document) button found at the bottom of this page.

36. Part V, #2: *Professional guardian?*

Click on the dropdown and select 'Yes' or 'No' to specify if you work for a professional guardianship agency or are an attorney.

If you selected 'Yes', continue to Step 37.

If you selected 'No', proceed to Step 38.

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38. Part VI, #1: IP's residence

Click on the dropdown and select 'Yes' or 'No' to specify if the IP lives at home or in the home of a relative.

If you selected 'Yes', continue to Step 39.

If you selected 'No' or 'N/A – The Incapacitated Person is already in a supervised residential setting', proceed to Step **Error! Reference source not found.**

39. Part VI, #1 (cont.): Name of relative

Enter the name(s) of the family member(s) that is providing in-home assistance to the IP.

40. Part VI, #1 (cont.): Support services

Select any of the checkboxes that apply.

• If you selected **Private Companion/Assistance Service**, you must also enter the number of days and hours per week.

• If you selected **Assistance from family members**, you must click on the dropdown and specify if the relative receives compensation. If 'Yes', enter the amount in U.S. dollars (not pictured).

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41. Part VI, #2: *Supervised residential setting*

Click on the dropdown and select 'Yes' or 'No' to specify if there are plans to move the IP to a supervised residential setting (ex. nursing home, assisted living facility, etc.).

If you selected 'Yes', continue to Step 42.

If you selected 'No' or 'N/A – The Incapacitated Person is already in a supervised residential setting', proceed to Step 45.

2. Will the Incapacitated Person be moved into a supervised residential setting?

* Impending Relocation to supervised residential setting?: Yes

* a. Supervised Residential Setting Type: Assisted Living Facility

* b. Supervised Residential Setting Steps: Reviewing a list of assisted living recommendations from IP's healthcare facility. Preparing a list of likes and dislikes in preparation for a final

3. Incapacitated Person's Current Residence

* Address Type: [dropdown]

* Address Line 1: 111 Elm St.

Address Line 2: [input]

* City: Sandy Ridge

* State: Pennsylvania

* Zip Code: 16677

42. Part VI, #2a: *Type of residential setting*

Click on the dropdown and choose the option that best describes the residential setting.

Tip If you choose 'Other' you must describe the residential setting.

43. Part VI, #2b: *Explanation*

Summarize the steps, whether completed or not, that are being taken to move the IP to the supervised residential setting.

44. Part VI, #3: IP's *Residence*

Enter the IP's current address.

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45. Part VII, #1b: Annual expenses

Enter the estimated annual expenses, in U.S. dollars, for the care of the IP.

Tip The other fields in this question will display information based on the details you have already entered.

47. Part VII, #3: Government benefits

If an application(s) has been submitted on behalf of the IP for government benefits, click on the Add Government Benefit icon and continue to Step 48.

If no applications have been submitted, proceed to Step 51.

49. Part VII, #3 (cont.): Date of submission

Click in the **Date of submission** field and enter the date the application was submitted to the appropriate agency.

51. Part VII, #4: Real estate

If applicable, summarize how any real estate owned by the IP will be sold and/or maintained during the guardianship.

PART VII: FINANCIAL PLAN

1. Complete the following table using initial inventory or most recent amended inventory

a. Total Annual Income:	11432	Note: This is a co
* b. Annual Estimated Expenses:	12327	
c. Net Income:	-895	Note: This is a co
d. Total assets (principal):	2088	Note: This is a co

2. Is the net income listed above sufficient to care for the needs of the Incapacitated Person?

* Sufficient Income: No, but assets (principal) are availab

3. Indicate any applications for government benefits that have been submitted:

Application Type	Description	Date of submission
Social Security Disability Insurance (SSI)		05/17/2022

4. Describe all real estate included in the estate and how it will be maintained or sold

Real Estate Description: IP has a residence at 417 Maple Ave Sandy Ridge, PA 16677 and guardian Cameron Boggs is in charge of the maintenance of the property and any

46. Part VII, #2: Income vs. expenses

Based on whether the Net Income, from Question #1c, is a positive or negative amount, click on the dropdown and select the best option that specifies whether the IP's income can meet their expenses.

48. Part VII, #3: Application Type

Click on the **Application Type** dropdown and select the best option.

Tip If you choose 'Other' you must describe the type of benefits received.

50. Part VII, #3 (cont.): Add other applications

Repeat Steps 47-49, as needed, for any additional applications that need to be entered.

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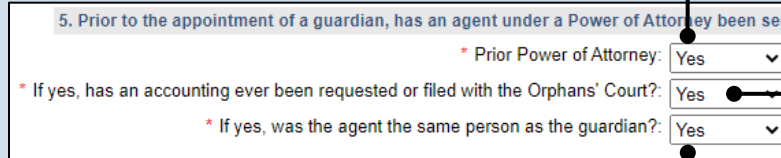
52. Part VII, #5:

Power of attorney

Click on the dropdown and select 'Yes' or 'No' to specify if the IP had designated a power of attorney prior to the guardianship.

If you selected 'Yes', continue to Step 53.

If you selected 'No', proceed to Step 55.



5. Prior to the appointment of a guardian, has an agent under a Power of Attorney been serving as the guardian for the IP?

* Prior Power of Attorney: Yes

* If yes, has an accounting ever been requested or filed with the Orphans' Court?: Yes

* If yes, was the agent the same person as the guardian?: Yes

53. Part VII, #5 (cont.): *Accounting*

Click on the dropdown and specify if an accounting, which is a log of all income received and expenses paid on behalf of the IP, has been requested by and/or submitted to the court.

54. Part VII, #5

(cont.): Power of attorney & guardian

Click on the dropdown and specify if the person that was serving as the power of the attorney is also the guardian for IP.

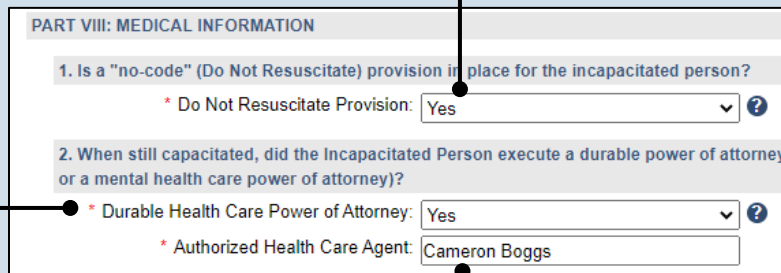
56. Part VIII, #2:

Durable power of attorney

Click on the dropdown and specify if a durable power of attorney or other health care directives were arranged by the IP prior to their incapacitation.

If you selected 'Yes', continue to Step 57.

If you selected 'No', proceed to Step 58.



PART VIII: MEDICAL INFORMATION

1. Is a "no-code" (Do Not Resuscitate) provision in place for the incapacitated person?

* Do Not Resuscitate Provision: Yes

2. When still capacitated, did the Incapacitated Person execute a durable power of attorney or a mental health care power of attorney?

* Durable Health Care Power of Attorney: Yes

* Authorized Health Care Agent: Cameron Boggs

55. Part VIII, #1: *Do not resuscitate (DNR)*

Click on the dropdown and specify if a DNR order exists for the IP.

Tip For more information on DNR's, click on the Learn More icon appearing to the right of this field.

Tip For more information on durable power of attorneys or a POLST, click on the Learn More icon appearing to the right of this field.

57. Part VIII, #2 (cont.): *Identify agent*

Enter the name of the individual or organization that has been designated to make the IP's health care decisions.

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58. Part VIII, #3:

Funeral & burial

Click on the dropdown and specify, to your knowledge, if the IP has a will, trust, or explicit funeral and burial wishes.

If you selected 'Yes', continue to Step 59.

If you selected 'No', proceed to Step 62.

60. Part VIII, #3

(cont.): Burial account

Click on the dropdown and specify if money has been set aside for burial, in a bank account or some other holding, or prepaid burial arrangements have been made.

62. Co-guardians?

If there is more than one guardian named on this report under Part I, Question #1, continue to Step 63.

Otherwise, proceed to Step 64.

59. Part VIII, #3

(cont.):

Explanation

Summarize what you know about the IP's will, trust, and/or their funeral and burial wishes.

61. Part VIII, #3

(cont.): Value of burial account

Click in the field and enter the value of the burial account in U.S. dollars.

63. Co-guardians consent

Select the **Yes** or **No** radio button to state whether the report is being submitted with the consent of all guardians.

If you selected Yes, you must enter a home, business, or cell phone number and an e-mail address for each co-guardian.

Tip: These radio buttons will not appear if only one guardian is responsible for this report.

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64. Signature and Affirmation

Verify/update your address information. You must enter an e-mail address and a home, business, or a cell phone number.

Tip In the **Signature of Guardian** field, your name is preceded by a /s/. This symbol, when followed by your name, is an established way to indicate that you have signed an electronic document.

65. (Optional) Signature and Affirmation (cont.): Comments

If you have any additional information that you want to provide to the court about the guardianship, enter them in the comments field provided.

Date	Signature of Guardian ?	Name of Guardian	Location	Address Line 1 ?	Address Line 2	Address Line 3	City	State	Zip Code	Territory	Postal Code	Country	Home Phone ?
11/28/2022	/s/ Cameron Boggs	Cameron Boggs	Unit ▼	341 Lincoln Ave.			Sar	F ▼	16677			Unit ▼	() - () - ()

Please include any comments you would like to make for this report:

66. (Optional) Signature and Affirmation (cont.): Documents

If you have supplemental documents that you want to submit to the court, particularly if you answered 'Yes' in Step 37, click the Upload Document icon, and then the CHOOSE FILE button. Continue to Step 67.

If you have no documents to upload, proceed to Step 68.

Document Name	File
	Choose File No file chosen

67. Signature and Affirmation (cont.): Documents

In the popup screen, locate the PDF version of the document you have saved on your computer or a movable storage device. Select the file and click OPEN.

Tip GTS only accepts documents in a PDF format. Documents created in Microsoft Word or Excel can be saved as a PDF using built-in tools. Other PDF making tools are available on the internet.

Open

This PC

Organize New folder

Name	Date modified	Type	Size
Home Owners Policy	7/18/2022 11:12 AM	Adobe Acrobat D...	

File name: Home Owners Policy

All Files (*.*)

Open Cancel

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68. Signature and Affirmation (cont.):

Checkboxes

Read and select the checkboxes that indicate the information you provided is true and that you will serve a Notice of Filing to the other interested parties on the case.

Tip A copy of the notice of filing form can be obtained at <http://www.pacourts.us/forms/for-the-public/orphans-court-forms>. This form cannot be served to the eligible recipients through the GTS. This must be completed through other delivery methods (ex. mail, fax, personal delivery, e-mail).

I, the guardian of the Estate, verify that the foregoing information is correct to the best of my knowledge.

I, the guardian of the Estate, further acknowledge that the Notice of Filing must be served with the report.

Next Action: Save

Save and Close

Ready for Submission

Submit

69. File now or later?

Choose one of the following and click OK:

Option 1: If you want to submit this filing now, select the **Submit** radio button and, if payment is required, consult the *How to Submit a Filing with a Fee and make a Payment* reference guide. This button is only available to those with the authority to submit reports in GTS.

Option 2: If you do not want to submit your filing now, select the **Save and Close** radio button. When you are ready to file, you can access this report through your Dashboard and then follow Option 1.

Option 3: If you want to submit your filing simultaneously with another report, select the **Ready for Submission** radio button. Follow the *How to Submit Multiple Reports simultaneously* reference guide.

Option 4: If you do not have authority to submit a report in GTS and it must be reviewed by someone else prior to submission, select the **Ready for Review** radio button (not pictured).