

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

**IN THE  
HO-CHUNK NATION TRIAL COURT**

**In the Interest of Ward:**

\_\_\_\_\_  
Name Date of Birth

Tribal ID No. 439A00 \_\_\_\_ - \_\_\_\_  
[Four Numbers]

**GUARDIANSHIP INVENTORY**

Case No(s): GU \_\_\_\_ - \_\_\_\_

**Under penalty of perjury, I state that the following information on this financial statement is true, accurate and complete to the best of my knowledge:**

In accordance with the HOCAK NATION ADULT GUARDIANSHIP AND SPENDTHRIFT ORDINANCE, 4 HCC § 14.19(a), I, \_\_\_\_\_, submit the following information as the appointed guardian of the estate of the ward.  
Print Name

As guardian, I certify that:

1. This inventory is true of all property which belongs to the estate or ward, which has come to my possession or knowledge.
2. Upon diligent inquiry, I have not been able to discover any other property or interest belonging to the estate or ward which is not included therein.

I have attached a copy of the ward's credit report to this document.

<b>STATEMENT OF MONTHLY INCOME</b>	
Salary and wages (if weekly or biweekly, compute as a monthly figure.)	
Other income (Pensions, retirement, social security, disability, worker's compensation, public assistance)	
Child Support and /or maintenance from prior spouse	

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

Dividends, interest, rents, bonuses			
Per Capita Payments or Distributions			
Other:			
<b>Total Monthly Income</b>			
Itemized <b>mandatory monthly</b> deductions (Do not include savings or credit union deductions not required by law)			
Federal and state income taxes, social security, Medicare			
Union or other dues			
Retirement and pension funds			
Other mandatory monthly deductions			
<b>Total Mandatory Monthly Deductions</b>			
<b>Net Monthly Income</b>			
<b>STATEMENT OF ASSETS</b>			
<b>Asset</b>	<b>Description</b>	<b>Fair Market / Cash Value</b>	
Real Estate (List kind of property and location)			
Other real estate (List kind of property and location)			
Vehicle (Give year and make)			
Other Vehicles (Give year and make)			
Checking account (Give name of financial institution)			
Savings account (Give name of financial institution)			
Trust Account (Give name of financial institution)			
IRA/Pension/Profit Sharing			
Life Insurance with cash value			
Stocks/Bonds/Certificates of Deposit			
Other assets valued over \$200			
	<b>Total Value of Assets</b>		
<b>LONG TERM DEBTS AND MONTHLY EXPENSES</b>			
<b>Long Term/Installment Debts</b>	<b>Creditor Name</b>	<b>Balance Owed</b>	<b>Monthly Payment</b>
Mortgage Payment (Include property taxes and insurance if included in payment)			
Credit Cards			
Automobile Loans			
Other			
Other			
	<b>Total Owed</b>		

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
at \_\_\_\_\_  
City State

\_\_\_\_\_  
Notary Public for \_\_\_\_\_  
State

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Name of Attorney

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Bar Number