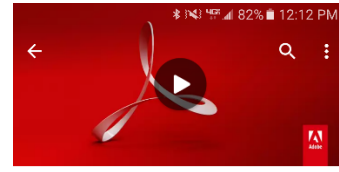


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12011_guardian...

Law Firm/Agency Name
Address
Telephone Number

In the Matter of:
Superior Court of New Jersey
Chancery Division - Probate Part
County
Docket Number

Civil Action
Certification of Assets

Name of Alleged Incapacitated Person (AIP)
an Alleged Incapacitated Person

I, _____, of full age, hereby certify as follows:
This certification is made by me in support of an application for a declaration of incapacity for _____ (Check one)

The alleged incapacitated person, _____ possesses no property, or possesses only Social Security benefits, a State-funded Personal Needs Allowance, and/or funds held in trust for his/her benefit. (Note: If you select this option, check "None" in the following schedules)

OR

The following schedules contain a complete and accurate statement and valuation of all real and personal property and income of _____ based upon my diligent inquiry.

Schedule A: Real Property
 None Unknown

All interests in real property including real property held in common or jointly with other(s) and, if held jointly, describe the interest.

#	Description: Address (include county and state)	Municipal Tax Assessed Value	Market Value
1.		\$	\$
2.		\$	\$
Total Schedule A		\$	0.00

Schedule B: Stocks, Bonds, Mutual Funds, Securities and Investment Accounts
 None Unknown

Include all interests in stocks, bonds, mutual funds, securities and investment accounts including interests held in common or jointly with other(s) or in trust, and, if held jointly, describe the interest.

#	Description (include name of financial institution, account type, number of shares or last four digits of account and date value (see))	Face Value	Market Value
1.		\$	\$
2.		\$	\$
Total Schedule B		\$	0.00

Published 03/2017 CN 12011 (Certification of Assets) page 1 of 2

Schedule C: Money on Hand
 None Unknown

Checking and savings accounts and certificates of deposit, in banks and notes or other indebtedness due the alleged incapacitated person.

#	Description (include name of financial institution, account type, last four digits of account and date value (see))	Value
1.		\$
2.		\$
Total Schedule C		\$ 0.00

Schedule D: Pensions, retirement accounts
 None Unknown

IRA's, 401(k), annuities, profit sharing plans, etc. Include last four digits of account.

#	Description (include name of financial institution, account type, last four digits of account and	Value
1.		\$
2.		\$
Total Schedule D		\$