

S.C. No. \_\_\_\_\_

IN THE SUPREME COURT OF THE YUKON TERRITORY

PURSUANT TO THE *ADULT PROTECTION AND DECISION MAKING ACT, S.Y. 2003, C.21*  
IN THE MATTER OF THE APPLICATION FOR GUARDIANSHIP OF

\_\_\_\_\_

(name of adult)

also known as, (if applicable)

\_\_\_\_\_

INVENTORY, ACCOUNT AND SUBSEQUENT GUARDIAN PLAN

(Attach additional pages if more space is needed)

*NOTE: Within 6 months after a principal guardian is appointed to manage any financial affairs of the adult, he or she must file an Inventory, Account and Subsequent Guardianship Plan (Form 8), unless the court otherwise orders. You do not need to fill in sections of this form marked "plan" for financial powers not granted in the guardianship order.*

A. I \_\_\_\_\_ to the best of my knowledge and belief,  
(name of applicant)

the assets, liabilities, income and expenditures of

\_\_\_\_\_

(full name of adult)

at this date are stated below. My plans for managing them and the reasons for these plans are as follows:

Complete the parts below that apply to the finances of the adult. Attach additional pages if the space below is insufficient. Where a part does not apply, write 'None' or 'Not Applicable' in the space provided.

**B. REAL PROPERTY AND MARKET VALUE:**

Description of property or properties:	Estimated Market Value
<b>Personal Residence—Street Address</b>	
	\$
<b>Rental Property(s)—Street Address</b>	
	\$
<b>Recreational Property—Street Address</b>	
	\$
<b>Vehicle(s)</b> Year_____ Make_____ Model_____	
Vehicle Identification Number:	\$
Year_____ Make_____ Model_____	
Vehicle Identification Number:	\$
Year_____ Make_____ Model_____	
Vehicle Identification Number:	\$

Description of property or properties:	Estimated Market Value
<b>Recreational Vehicle(s)</b>	
Year_____ Make_____ Model_____	
Vehicle Identification Number:	\$
Year_____ Make_____ Model_____	
Vehicle Identification Number:	\$
<b>Firearms</b>	
Make_____ Model_____	
Serial Number:	\$
Make_____ Model_____	
Serial Number:	\$
Make_____ Model_____	
Serial Number:	\$
Other including mining claims, boats, motors, chain saws, utility trailers, etc. (please be specific)	
	\$
	\$
<b>TOTAL VALUE OF ABOVE</b>	\$

**PLAN:**

*For each of the above noted properties and assets indicate your plans for management.*

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**C. HOUSEHOLD /PERSONAL EFFECTS AND APPROXIMATE VALUE:**

Item	Particulars	Estimated Current Market Value
General Household Furniture		
		\$
Electronics		
		\$
Appliances		
		\$
Dishes/Kitchen/Towels/ Bedding		
		\$

Item	Particulars	Estimated Current Market Value
<b>Personal Effects</b> Clothing		
		\$
Other (e.g. Books)		
		\$
<b>TOTAL VALUE OF ABOVE</b>		\$

**PLAN:**

*Explain your management plans for these items:*

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**D. VALUABLES**

Item	Particulars	Estimated Current Market Value
Antiques		
		\$
Art		
		\$
Collectibles		
		\$
Jewelry		
		\$

Item	Particulars	Estimated Current Market Value
Safety Deposit Box Items <i>list contents and approx. value</i>	Name and Address of Bank	
		\$
	<b>TOTAL VALUE OF ABOVE</b>	\$

**PLAN:**

*Explain your management plan for these items:*

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**E. BANK ACCOUNTS** *(include name and address of a joint account holder)*

Category Savings or Chequing	Institution Name & Address	Account Number	Current Amount or Value
Account:			
			\$
Account:			
			\$
Account:			
			\$
<b>TOTAL VALUE OF ABOVE</b>			\$

**PLAN:**

*Explain your management plans for the Bank Accounts described above (e.g., close current accounts and consolidate in a trust account, deposit cash, maintain savings plans etc), and your reasons for these plans.*

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**F. SECURITIES AND INVESTMENTS**

Category	Held By	Description <i>Indicate name and address of beneficiary where appropriate</i>	Estimated Current Market Value
Stocks			
			\$
Bonds			
			\$
Canada Saving Bonds			
			\$
Guaranteed Investments Certificates			
			\$

Category	Held By	Description <i>Indicate name and address of beneficiary where appropriate</i>	Estimated Current Market Value
Term Deposits			
			\$
Mutual Funds			
			\$
Registered Retirement Savings (RRSP)			
			\$
Registered Investment Funds (RIF)			
			\$

Category	Held By	Description <i>Indicate name and address of beneficiary where appropriate</i>	Estimated Current Market Value
Registered Pension Plan			
			\$
Life Insurance			
			\$
Other			
<b>TOTAL VALUE OF ABOVE</b>			\$

**PLAN:**

*Explain your management plans with respect to the above-noted securities and investments (e.g., maintain in current form, renew as required, etc.) and your reasons for these plans.*

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**J. LIABILITIES** (Show the debts owed by the adult including personal loans, credit card balances, outstanding bills, income tax owing, etc.)

Description of Debt		Amount	
		Monthly Payment	Balance
<b>Mortgages</b>			
Holder of Mortgage	Address of Mortgaged Property		
		\$	\$
		\$	\$
<b>Loans</b>			
Type of Loan	Name and Address of Lender		
		\$	\$
		\$	\$
		\$	\$
<b>Credit Cards</b>			
Type of Credit Card	Name and Address of Institution		
		\$	\$

Description of Debt		Amount	
		Monthly Payment	Balance
		\$	\$
		\$	\$
		\$	\$
<b>Outstanding Bills</b>	Name and Address of Creditor		
Type of Bill			
		\$	\$
		\$	\$
		\$	\$
<b>Income Tax Owing—Year(s)</b>			
		\$	\$
		\$	\$
<b>Property Taxes Owing</b>	Year(s)		
		\$	\$



Description of Debt		Amount	
		Monthly Payment	Balance
Other			
		\$	\$
		\$	\$
		\$	\$
		\$	\$
<b>TOTAL VALUE OF ABOVE</b>		\$	\$

**PLAN:**

*Explain your management plans with respect to these liabilities and the reasons for these plans:*

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**K. INCOME** (Show net income from all sources on an annual basis.)

Type of Income	Particulars	Approximate Annual Amount
Old Age Security		
Canada Retirement Pension Plan		
Canada Pension Survivor's Benefit		
Canada Pension Disability Pension		
Canada Pension Commission (Veteran Affairs Pension)		
Other Retirement Pension		
Other Disability Pension		
Elder's Benefits		
Yukon Social Assistance		
Employment Income		
Self Employment		
Business		
Rental		
Other		
<b>TOTAL VALUE OF ABOVE</b>		\$

**PLAN:**

Explain your management plans for the collection and deposit of the income described above:

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**L. EXPENSES** (Describe the expenses calculated on an annual basis, which you anticipate will be required to be made on behalf of the adult.)

Expense	Particulars	Approximate Annual Amount
Residential		
		\$
Utilities		
		\$
Property Maintenance		
		\$
Recreational/ Entertainment		
		\$
Travel		
		\$
Personal Care		
		\$

Expense	Particulars	Approximate Annual Amount
Support for Dependants		
		\$
Gifts		
		\$
Loans		
		\$
Charitable Donations		
		\$
Other		
		\$
<b>TOTAL VALUE OF ABOVE</b>		\$

*Explain below:*

*(a) Whether any of the payments described above are of direct or indirect financial benefit to you, a person you live with or to whom you are related. If so, please explain why these payments are necessary and appropriate:*

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*(b) Whether any significant increases or decreases in the above expenditures are anticipated, or whether any additional expenditure is likely. If so, please explain:*

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*(c) Whether the expenditures listed above will adequately meet the personal needs and maximize the enjoyment of life of the person for whom guardianship is sought:*

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(d) *If you are planning to make gifts, loans or charitable donations, please explain the reasons why you believe these expenditures are appropriate:*

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(e) *If payments to dependants, or for their benefit, are required please provide details about the nature of these payments and the reasons for them:*

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(f) *Are there any expenditures which others have recommended that you are **not** planning to make? Is so, please explain:*

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**M. LEGAL PROCEEDINGS** (*Identify any current legal proceedings to which the adult is a party including any civil or criminal proceedings.*)

Nature of Legal Proceedings	Status of Proceedings

**PLAN:**

*(a) Please explain your plans in respect of these proceedings:*

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*Do you anticipate that legal proceedings may need to be commenced or defended on the person's behalf in respect of his or her property? If so, please explain:*

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*(b) What arrangements for legal representation of the adult have been made or do you propose?*

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(c) Are you aware of any existing court orders or judgments which are relevant to the management of the person's property? If yes, describe or attach copies.

Yes  No

If yes, describe:

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**N. ADDITIONAL INFORMATION**

(a) I have consulted with the adult in making this plan: *(check one)*

Yes  No

Please provide reasons:

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(b) I have consulted with the following other people in preparing this plan:

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(c) To the best of my knowledge, the adult would not object to any aspect of this management plan: *(check one)*

**Yes, would object**       **No, would not object**

**Please explain:**

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(d) I am aware of my duty to encourage the participation of the adult in decisions I may make and may consult with supportative family and friends and caregivers. My plans to do so are as follows: *(briefly describe)*

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(e) I am aware that I would, as guardian of property, be required to make reasonable efforts to determine whether the adult has a will and, if so, what the provisions of the will are and I am entitled to obtain the incapable person's will. My plans to do so are as follows:

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*Decision Making, Support and Protection of Adults Act Sect 43 (3) states:*

*A guardian must not dispose of property other than money that the guardian knows is subject to a specific testamentary gift in the adult's will unless it is necessary to do so to comply with the guardian's duties.*

\_\_\_\_\_ (Date) \_\_\_\_\_ (Signature of proposed Guardian(s) of property)

**Name(s)**

(please print): \_\_\_\_\_

**Address(es):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone Number(s):** \_\_\_\_\_

SWORN before me at the City of \_\_\_\_\_,

in the Yukon Territory on the \_\_\_\_\_ day

\_\_\_\_\_, \_\_\_\_\_  
(month) (year)

\_\_\_\_\_  
A Notary Public in and for the Yukon Territory



\_\_\_\_\_  
(Applicant's Signature)

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*(name of adult)*

also known as, *(if applicable)*

\_\_\_\_\_

INVENTORY, ACCOUNT AND SUBSEQUENT GUARDIAN PLAN

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*Address*

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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