

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

**SUPREME COURT OF YUKON**

PURSUANT TO THE *DECISION MAKING, SUPPORT AND PROTECTION TO ADULTS ACT, S.Y. 2003, C.21* (the "Act"); specifically *SCHEDULE A, THE ADULT PROTECTION AND DECISION MAKING ACT, PART 3, COURT APPOINTED GUARDIANS* ("Part 3")

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 page is 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" 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 ITEMS ON PAGES 2 AND 3</b>	<b>\$</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
Furniture		\$
		\$
		\$
		\$
		\$
Electronics		\$
		\$
		\$
		\$
Appliances		\$
		\$
		\$
		\$
Dishes/Towels/Bedding		\$
		\$
		\$
		\$

Item	Particulars	Estimated Current Market Value
Clothing		\$
		\$
		\$
		\$
		\$
		\$
Other (e.g. Books)		\$
		\$
		\$
		\$
<b>TOTAL VALUE OF ITEMS ON PAGES 4 AND 5</b>		<b>\$</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		\$
		\$
		\$
		\$
		\$



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

Category (State whether 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 Indicate name and address of beneficiary where appropriate	Estimated Current Market Value
Stocks			\$
			\$
			\$
Bonds			\$
			\$
			\$
			\$
Canada Saving Bonds			\$
			\$
			\$
			\$
			\$
Guaranteed Investment Certificates			\$
			\$
			\$

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

Category	Held By	Description Indicate name and address of beneficiary where appropriate	Estimated Current Market Value
Registered Pension Plan			\$
			\$
			\$
			\$
Life Insurance			\$
			\$
			\$
			\$
Other			\$
			\$
			\$
			\$
<b>TOTAL VALUE OF ITEMS ON PAGES 9, 10 AND 11</b>			<b>\$</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:**

(List 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(s)	\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
<b>Credit Cards</b>			
Type of Credit Card	Name and Address of Institution(s)	\$	\$
		\$	\$
		\$	\$

		\$	\$
		\$	\$
		\$	\$
		\$	\$
<b>Outstanding Bills</b> Type of Bill	Name and Address of Creditor(s)		
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
<b>Income Tax Owning</b> Year(s)			
		\$	\$
		\$	\$
		\$	\$
		\$	\$
<b>Property Taxes Owning</b> Year(s)	Property Description		
		\$	\$
		\$	\$
		\$	\$

<b>Other</b> (Please state particulars)		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
<b>TOTAL VALUE OF ITEMS ON PAGES 15,16 AND 17</b>		<b>\$</b>	<b>\$</b>

**PLAN:**

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

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**K. INCOME:**

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>		<b>\$</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		\$
		\$
		\$

Support for Dependents		\$
		\$
		\$
Gifts		\$
		\$
		\$
Loans		\$
		\$
		\$
Charitable Donations		\$
		\$
		\$
Other		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
<b>TOTAL VALUE OF ITEMS ON PAGES 19 AND 20</b>		<b>\$</b>

**L. EXPENSES Continued.**

- (a) Are any of the payments listed in Section L 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) Are any significant increases or decreases in the expenditures in Section L anticipated, or are any additional expenditures likely? If so, please explain.

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- (c) Will the expenditures listed in Section L adequately meet the personal needs and maximize the enjoyment of life of the person for whom guardianship is sought?

Yes       No. If not, please explain.

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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 are required to, or on behalf of dependants, 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 which 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	Court Location	File/Docket Number	Status of Proceedings

**PLAN:**

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

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

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(d) Are you aware of any existing court orders or judgments which are relevant to the management of the person's property?

Yes

No

If yes, describe or attach copies.

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**N. ADDITIONAL INFORMATION:**

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

Yes

No

Please provide details.

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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 supportive family and friends and caregivers. My plans to do so are as follows: (briefly describe)

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

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I am aware that Section 43(3) of the *Decision Making, Support and Protection to Adults Act* 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."

SWORN before me at the City of \_\_\_\_\_ )  
\_\_\_\_\_, )  
in the Yukon Territory on the \_\_\_\_\_ day of \_\_\_\_\_ )  
\_\_\_\_\_, \_\_\_\_\_ ) Applicant's Signature  
(month) (year) )  
\_\_\_\_\_) )  
A Notary Public in and for the Yukon  
Territory

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

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IN THE MATTER OF THE APPLICATION FOR GUARDIANSHIP OF

\_\_\_\_\_  
(name of adult)  
also known as, (if applicable)  
\_\_\_\_\_

**INVENTORY, ACCOUNT AND SUBSEQUENT GUARDIAN PLAN**

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Address

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