

ASSETS of the estate of [Name of Mentally Incapacitated Person] as at: [dd/mm/yy]
(*completed yearly*)

Assets	Value as at <i>dd.mm.yy</i>	<i>If any of the Assets were sold within this period, please specify</i>			
		Date of Selling	Selling Price	Deduction of Costs (if any)	Net Value
1. Bank Accounts (<i>please state name of bank & account no.</i>)					
(1)	\$				
(2)	\$				
2. Shares/Equity/Bonds/Funds					
(1)	\$				
(2)	\$				
(3)	\$				
(4)	\$				
3. Landed Properties					
(1)	\$				
(2)	\$				
(3)	\$				
4. Items in Safe Deposit Boxes					
(1)					
(2)					
5. Other Assets e.g. life policies, jewellery, cars, antiques, etc					
(1)	\$				
(2)	\$				

Signed by the Committee:_____

Date:_____

(*Please provide the Court with copies of bank statements, funds/trusts statements, shares statements, etc)