

**AFFIDAVIT OF INVENTORY
ON APPOINTMENT**

I/We, _____, of the City/Town of _____,
[name of substitute decision maker(s) for property] [name of city/town]
in the Province of Manitoba make oath and say:

1. I am/We are the substitute decision maker(s) for the property of _____,
[name of vulnerable person]
hereinafter referred to as "the vulnerable person", being so appointed by the Vulnerable
Persons' Commissioner on _____, 20____.
[date of appointment]
2. Attached and marked Exhibit "A" to this affidavit is a true inventory of the property of the
vulnerable person under my/our power as substitute decision maker(s), setting out the assets,
liabilities and income of the estate, so far as they are known to me/us.
3. This inventory on appointment is as of _____.
[date]

AFFIRMED/SWORN before me, at the City
of _____ in the
Province of Manitoba, this _____ day of
_____, 20____.

[signature of substitute decision maker(s) for property]

A Commissioner of Oaths or Notary Public

My Commission Expires on _____.

EXHIBIT A – INVENTORY ON APPOINTMENT

Exhibit "A" to the Affidavit of _____ as of _____.
[name of substitute decision maker(s) for property] [date]

Note: Report all assets that belong to the vulnerable person as of the date of the report. Include values and provide supporting/verifying documentation for all assets reported.

Where required to report on a discretionary trust use a second set of forms.

DESCRIPTION OF ASSETS	VALUE
Bank/Credit Union Accounts [provide statements]	_____
Investments [provide statements for investments held such as stocks, bonds, mutual funds, RDSP, RRIF, RRSP]	_____
Real Property [provide the most current property tax statement]	_____
Personal Property [only provide a detailed list of those items which will hold value over time such as vehicles and antiques and explain how the value reported was arrived at (i.e. appraisal, market valuation)]	_____
Life Insurance [provide policy and current policy statement]	_____
Pre-paid Funeral Plan [provide certificate/contract detailing ownership and value]	_____
Monies owed to the vulnerable person [provide details about who owes the money and the amount owed]	_____
Other [provide supporting documentation for other assets such as cash, expected lump sum payments from insurance, pensions, annuities or estates]	_____
TOTAL	\$ _____

DESCRIPTION OF DEBTS/LIABILITIES	AMOUNT OWING
<small>Provide supporting/verifying documentation including names and addresses of creditors.</small>	
Mortgage	_____
Bank Loans	_____
Credit Cards	_____
Other [specify]	_____
TOTAL	\$ _____

NOTE: THE ABOVE VALUES WILL BECOME THE OPENING INVENTORY IN YOUR FIRST ANNUAL ACCOUNTING REPORT

<u>INCOME</u>		
<small>[Example: employment earnings, social assistance benefits, Old Age, CPP or other pensions, annuity payments, GST rebates etc.]</small>		
Source	Amount	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____

ACCEPTED	
_____ Vulnerable Persons' Commissioner	_____ Date