

**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 adult living with an intellectual disability]
hereinafter referred to as "the adult living with an intellectual disability", being so
appointed by the Commissioner for Adults Living with an Intellectual Disability
on _____, 20____.
[date of appointment]
2. Attached and marked Exhibit "A" to this affidavit is a true inventory of the property of the
adult living with an intellectual disability 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 adult living with an intellectual disability 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 adult living with an intellectual disability [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 | |
| _____ Commissioner for Adults Living with an Intellectual Disability | _____ Date |