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Filing Attorney Information or Pro Se Litigant:

Name _____

NJ Attorney ID Number _____

Law Firm/Agency Name _____

Address _____

_____

Telephone Number _____

In the Matter of,

_____,
Name of Alleged Incapacitated Person (AIP)

an Alleged Incapacitated Person

Superior Court of New Jersey
Chancery Division - Probate Part
County _____
Docket Number _____

Civil Action

Certification of Assets

I, _____, of full age, hereby certify as follows:

This certification is made by me in support of an application for a declaration of incapacity for _____. (Check one)

☐ The alleged incapacitated person, _____, possesses no property, or possesses only Social Security benefits, **a State-funded Personal Needs Allowance**, and/or funds held in trust for his/her benefit. (**Note**: If you select this option, check "None" in the following schedules)

OR

☐ The following schedules contain a complete and accurate statement and valuation of all real and personal property and income of _____, based upon my diligent inquiry.

Schedule A: Real Property

☐ **None** ☐ **Unknown**

All interests in real property including real property held in common or jointly with other(s) and, if held jointly, describe the interest.

#	**Description: Address** (include county and state)	**Municipal Tax Assessed Value**	**Market Value**
1.		$	$
2.		$	$
		Total Schedule A	$ 0.00

Schedule B: Stocks, Bonds, Mutual Funds, Securities and Investment Accounts

☐ **None** ☐ **Unknown**

Include all interests in stocks, bonds, mutual funds, securities and investment accounts including interests held in common or jointly with other(s) or in trust, and, if held jointly, describe the interest.

#	**Description** (include name of financial institution, account type, number of shares or last four digits of account and date value fixed)	**Face Value**	**Market Value**
1.		$	$
2.		$	$
		Total Schedule B	$ 0.00

Schedule C: Money on Hand

☐ **None** ☐ **Unknown**

Checking and savings accounts and certificates of deposit in banks and notes or other indebtedness due the alleged incapacitated person.

#	**Description** (include name of financial institution, account type, last four digits of account and date value fixed)	**Value**
1.		$
2.		$
	Total Schedule C	$ 0.00

Schedule D: Pensions, retirement accounts

☐ **None** ☐ **Unknown**

IRA's, 401(k), annuities, profit sharing plans, etc. Include last four digits of account.

#	**Description** (include name of financial institution, account type, last four digits of account and date value fixed)	**Value**
1.		$
2.		$
	Total Schedule D	$ 0.00

Schedule E: Miscellaneous Personal Property

☐ **None** ☐ **Unknown**

Tangible personal property, motor vehicles, recreation vehicles, employment bonus or award, interest in a partnership or unincorporated business, articles or collections have either artistic or intrinsic value, etc.

#	**Description**	**Value**
1.		$
2.		$
	Total Schedule E	$ 0.00

Schedule F: Liabilities/Encumbrances

☐ **None** ☐ **Unknown**

If any asset listed in this certification has a secured associated debt, such as a mortgage or a car loan, indicate below. List all other debts.

#	**Description**	**Encumbrance Amount**
1.		$
2.		$
	Total Schedule F	$ 0.00

Schedule G: Sources of Monthly Income

☐ **None** ☐ **Unknown**

#	**Description**	**Value**
1.		$
2.		$
	Total Schedule G	$ 0.00

I hereby certify and say that the foregoing statements made by me are true to the best of my knowledge, and that I will supplement this form as may be necessary should additional information become available. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Date

Signature

Print Name