

This is a private record.

This is a Tier 2 case.

Name

Address

City, State, Zip

Phone

Email

I am the Petitioner
 Attorney for the Petitioner and my Utah Bar number is _____

In the District Court of Utah

_____ Judicial District _____ County

Court Address _____

In the Matter of the Guardianship of:

Respondent

**Petitioner's Affidavit of the Value of
Respondent's Estate**

Utah Code Section 75-5-303(5)(d)(ii)

Case Number

Judge

I am the petitioner in the above-entitled matter and I state that:

- (1) The total value of the respondent's estate is \$ _____ .
- (2) The estate does not include any real property.
- (3) The estate includes these assets:

- (4) The respondent receives monthly income from these sources in these amounts (attach additional sheets if needed):

Income source	Monthly income amount
	\$
	\$
	\$

I have not included any non-public information in this document.

_____ Sign here ► _____

Date _____ Typed or Printed Name _____

I certify that _____, who is known to me or who presented satisfactory identification, has, while in my presence and while under oath or affirmation, voluntarily signed this document and declared that it is true.

_____ Sign here ► _____

Date _____ Typed or printed name (Court Clerk or Notary Public) _____

Notary Seal

Certificate of Service

I certify that I served a copy of this document on the following people.

Person's Name	Method of Service	Served at this Address	Served on this Date
(Respondent or Attorney)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
(Clerk of Court)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed		
(Interested Party or Attorney)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
(Interested Party or Attorney)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		

Sign here ► _____

Date _____

Typed or Printed Name _____