

Once a petition is filed, it cannot be withdrawn without permission from the family court.

Note
Listed
example
(
rear
look
Open
beginning
) the

*Please tick the appropriate box.

Reception stamp	(ýGuardianship ýCuratorship ýAssistance) Petition for commencement, etc.		
*Please tick the box that applies to you.			
<p>*Please affix the revenue stamp (application fee) here.</p> <p>後見・監護・委任状提出料 800円 In the case of commencement of guardianship or curatorship + granting of power of attorney or power of consent, 800 yen 保佐・監護・委任状提出料 1,000円 In the case of commencement of guardianship or curatorship + grant of power of attorney + grant of consent, 1,000 yen 注意】貼り忘れ [Note] If you forget to affix the stamp, cancel the affixed stamp and then affix the 2,600 yen fee.</p> <p>収入用印 Revenue stamp (application fee) 2,600円 はここに貼らね Please affix the stamp here.</p>			
Revenue stamp (petition fee) <input type="checkbox"/>	Semi-oral	Related Case Number	year (house)th issue
Revenue stamp (registration fee) <input type="checkbox"/>			
Prepaid postage stamps <input type="checkbox"/>			
XX Family Court To : XX Branch Office	Complainant or the proceedings	Kounohana Kojirushi	
yyyyy	Signature and seal of the agent		
Monkey	address	Postcode XXX- XXX XX Prefecture, XX City, XX Town, XX Chome, XX No. Phone : XXX (XXX) XXX Mobile phone : XXX (XXX) XXX	
standing	Furigana	Hanako Kono	
people	full name	Hanako Kono ý You ý Spouse ý Parent ý Child ý Grandchild ý Sibling ý Nephew/niece ý Other relatives (relationship:) ý Mayor of city, ward, town or village ý Other ()	
hand Continued teenager Reason people	address (Offices, etc.)	*An agent or lawyer who is authorized by law to take judicial action Please write it down.	
hand Book	Telephone ()	facsimile ()	
Registered domicile (nationality)	ýý Metropolitan road Prefecture	Address: XX, XX-cho, XX-shi	
Resident record top Address	ý Same as the applicant		
actually Lives place	ý Same as the address on your residence card *If the address is a hospital or facility, please include the address, name, and contact information.		
people	XX Prefecture, XX City, XX Town, XX Chome, XX No.		
Hospital/facility name ()	Telephone ýý (yyyy) yyyy		
Furigana	Hospital Kono Taro ý Taisho		
full name	ý Born on XX / XX / Showa ý Heisei (XX years old)		

Purpose of the petition *Please tick the appropriate box.

ŷ Request a ruling to commence guardianship of the person.

ŷ Request a ruling to commence curatorship for the person in question. * Please tick the appropriate box below only if necessary. Note that when filing a petition for the commencement of curatorship, there is no need to petition for the granting of consent for acts stipulated in Article 13, Paragraph 1 of the Civil Code.

ŷ The guardian will be granted the power of attorney for the acts listed in the attached list of acts of agency on behalf of the person. Call for judgment.

ŷ We request a ruling that in addition to the acts provided for in Article 13, Paragraph 1 of the Civil Code, the person must obtain the consent of the guardian in order to perform the following acts (excluding the purchase of daily necessities and other acts related to daily life) :

Note

ŷ Request a ruling to commence assistance for the individual. *

Please tick at least one of the boxes below that apply to you.

ŷ The assistant will be granted the power of attorney for the acts listed in the attached list of agency acts on behalf of the principal. Call for judgment.

ŷ We request a ruling that the person must obtain the consent of his/her assistant in order to perform any of the acts listed in the attached list of consented acts (excluding the purchase of daily necessities and other acts related to daily life).

Grounds for the petition

The person himself, (* **dementia**) is a state

in which a lack of judgment is normal or a state in which judgment is (severely) insufficient.

*Please enter the name of the diagnosis (that may affect the individual's ability to make decisions) listed on the medical certificate.

Motivation for filing the petition *

Please tick the appropriate box.

This petition was filed

The

The individual

must be able to: ŷ Management and cancellation of savings, etc. ŷ Receipt of insurance payments ŷ Management and disposal of real estate ŷ

Inheritance procedures ŷ Litigation procedures, etc. ŷ Nursing care insurance contracts ŷ Personal protection (contracts for admission to welfare facilities, etc.) ŷ Other (if necessary.)

*Please describe the specific circumstances regarding the reasons and motivations for filing the above petition. If you cannot fit everything in, please use the attached sheet. *Please prepare an A4 size sheet of paper yourself.

The patient has been hospitalized at XX Hospital for dementia for about XX years, but his symptoms are showing no signs of recovery.

He has no prospects and is unable to do his daily shopping on his own.

In XX year of Reiwa, the person's younger brother, Jiro Kono, passed away, and the need for inheritance division arose.

The petitioner filed this case. The petitioner is also prone to illness, so the adult guardian was asked to provide advice on his health condition.

I would like them to appoint his eldest son, Natsuo Kono, who has no problems with this.

Please write down the details and circumstances in an easy-to-understand manner.

In the case of a legal practitioner, the place of business registration shall be entered in the appropriate column in the appropriate register, and the name of the business shall be entered in the appropriate column in the appropriate register. The names of the persons who will be represented and the principal	<p>Entrusted to the family court * No need to fill in this section below</p> <p>Petitioner * If the petitioner is a candidate, no need to fill in this section below Other than the petitioner [ý Persons listed below ý Persons listed on the attached sheet ý] ý Please prepare your own A4 size paper.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">address</td> <td colspan="3" style="text-align: center;">Same as the applicant's address</td> </tr> <tr> <td></td> <td colspan="3" style="text-align: center;">Phone : XXX (XXX) XXX Mobile phone : XXX (XXX) XXX</td> </tr> <tr> <td style="width: 15%;">Furigana</td> <td colspan="3" style="text-align: center;">Summer of Kono</td> </tr> <tr> <td rowspan="2" style="width: 15%; vertical-align: middle;">Candidates for adult guardianship, etc.</td> <td style="width: 45%; text-align: center;">Kono Natsuo</td> <td style="width: 15%; text-align: center;">ý Showa</td> <td style="width: 25%; text-align: center;">Born on XX / XX / XX (XX years old)</td> </tr> <tr> <td></td> <td style="text-align: center;">ý Heisei</td> <td></td> </tr> <tr> <td style="width: 15%;">Relationship with the person</td> <td colspan="3" style="text-align: center;">ý Relatives: ý Spouse ý Parents ý Children ý Grandchildren ý Siblings ý Nephews and nieces ý Other (Relationship: ý Non-relatives: (Relationship:)</td> </tr> </table>			address	Same as the applicant's address				Phone : XXX (XXX) XXX Mobile phone : XXX (XXX) XXX			Furigana	Summer of Kono			Candidates for adult guardianship, etc.	Kono Natsuo	ý Showa	Born on XX / XX / XX (XX years old)		ý Heisei		Relationship with the person	ý Relatives: ý Spouse ý Parents ý Children ý Grandchildren ý Siblings ý Nephews and nieces ý Other (Relationship: ý Non-relatives: (Relationship:)		
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Appeal for procedural costs ý I would like the costs of the procedure to be borne by the applicant. * All or part of the application fee, delivery and mailing costs, guardianship registration fees, and appraisal costs shall be borne by the individual. It may be permitted to do so.
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Attached documents	<p>* One copy of the same document is sufficient for each person. If necessary for the hearing, you may be asked to submit additional documents. * Please be careful not to submit documents that include your personal identification number (My Number).</p> <p>ý Certified copy of the person's family register (certificate of all matters)</p> <p>ý Resident card or family register attachment of the person</p> <p>ý Resident card or family register attachment of the candidate for adult guardianship, etc.</p> <p style="text-align: center;">(If the candidate for adult guardianship, etc. is a corporation, a certified copy of the corporation's commercial register (certificate of registered matters) Certificate)</p> <p>ý Medical certificate of the person</p> <p>ý Copy of personal information sheet</p> <p>ý Documents regarding the person's health condition</p> <p>ý Certificate that the person is not registered as an adult ward, etc.</p> <p>ý Documents related to the individual's assets</p> <p>ý Documents relating to undivided inherited property for which the individual is an heir</p> <p>ý Documents related to the individual's income and expenditure</p> <p>ý (When requesting the granting of consent or power of attorney in a petition for curatorship or commencement of assistance) Documents related to actions requiring consent or power of attorney (copies of contracts, etc.)</p> <p>ý If the candidate for adult guardianship has engaged in financial transactions with the person, Related documents (materials related to item 4 of the explanation of circumstances of the guardian etc. candidate)</p>
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Inheritance property inventory

Reiwa year month Creator's name: Hanako Kono Seal 

The contents of the inheritance property to which the individual (Taro Kono) is the heir are as follows:

*Please submit this form only if you are an heir to an inherited property for which the division of the estate has not yet been completed.

* If there are multiple deceased heirs, please make copies of this list and share it with each heir.

Make this inventory for each.

*Please check the appropriate box regarding whether or not you have inherited any of the following assets, and enter the details.

* If you have any documents related to the inherited property listed below, check the box in the "Documents" column and provide the documents.

Please attach a copy of the document. In addition, please attach a copy of the document so that the correspondence with the inheritance property list can be understood.

Please write the corresponding number in the upper right corner. (Example: In the inheritance property inventory, under "1. Savings and cash,"

If it is a copy of a document, please write "Aspect 1-2" in the upper right corner of the copy of the document.)

* If there are not enough spaces to enter the inherited property, make copies of this form and fill in the "No." column with consecutive numbers.

Please reattach it so that it fits.

Name of the deceased (Jiro Kono) _____

Relationship to the person in question (his younger brother)

Date of death of the deceased (Heisei • Reiwa year month year) _____

The individual's legal share of inheritance (half) _____

Will (Yes No Unknown)

1. Savings and cash

As follows No relevant assets Unknown

* In the "Account type" column, ordinary deposits and regular savings are marked "Regular", and fixed-term deposits and fixed-amount savings are marked "Term".

Check the box, and for other types, check the box in the column below and enter the name of the type.

No.	Name of financial institution	Branch name	Account type	Account number	Last confirmation date	Balance (yen)	Administrator	Materials
1	Bank		Regular	4567891		561,234	Umeko Otokawa	
2	Bank		Term	5678912		4,000,000	Umeko Otokawa	
3			Permanent					
4			Permanent					
5			Permanent					
6			Permanent					
7			Permanent					
8			Permanent					
9			Permanent					
10			Permanent					
Cash (money held other than savings)						0		
total						4,561,234		

2. Securities, etc. (stocks, investment trusts, government bonds, corporate bonds, foreign currency deposits, bills, checks, etc.)

ÿ As follows ÿ No such assets ÿ Unknown

No.	Type Stock name, name of securities company, etc.	Quantity, face value	Valuation (yen)	Administrator	Materials
1					ÿ
2					ÿ
3					ÿ
4					ÿ
5					ÿ
total					

3. Life insurance, non-life insurance, etc. (those for which the deceased is the beneficiary)

ÿ As follows ÿ No such assets ÿ Unknown

No.	Name of insurance company	Type of insurance	Certificate Number	Insurance amount (Amount received) (yen)	Contractor	Materials
1						ÿ
2						ÿ
3						ÿ
4						ÿ
5						ÿ

4. Real estate (land)

ÿ As follows ÿ No relevant assets ÿ Unknown

No.	Location	Address	Land use	Land area (m2)	Notes (current status, ownership interest, etc.)	Materials
1	XX City, XX Town, XX Chome	Number XX	Residential land	123.45	vacant land	ÿ
2						ÿ
3						ÿ
4						ÿ
5						ÿ

5. Real estate (buildings)

ÿ As follows ÿ No such assets ÿ Unknown

No.	Location	House number	Type	Floor area (ÿ)	remarks (Current status, ownership interest, etc.)	Materials
1						ÿ
2						ÿ
3						ÿ
4						ÿ
5						ÿ

6. Claims (loans, damages, etc.)

ÿ As follows ÿ No such assets ÿ Unknown

No.	Debtor name (billing address)	Details of the claim	Remaining balance (yen)	remarks	Materials
1					ÿ
2					ÿ
3					ÿ
4					ÿ
5					ÿ
total					

7. Other (automobiles, etc.)

ÿ As follows ÿ No such assets ÿ Unknown

No.	kinds	Content	Appraisal value (yen)	remarks	Materials
1					ÿ
2					ÿ
3					ÿ
4					ÿ
5					ÿ

8 Debt

ÿ As follows ÿ No debt ÿ Unknown

No.	Creditor name (payee)	Liabilities	Remaining balance (yen)	Monthly repayment amount (yen)	Materials
1					ÿ
2					ÿ
3					ÿ
4					ÿ
5					ÿ
total					

Family Relationship Chart

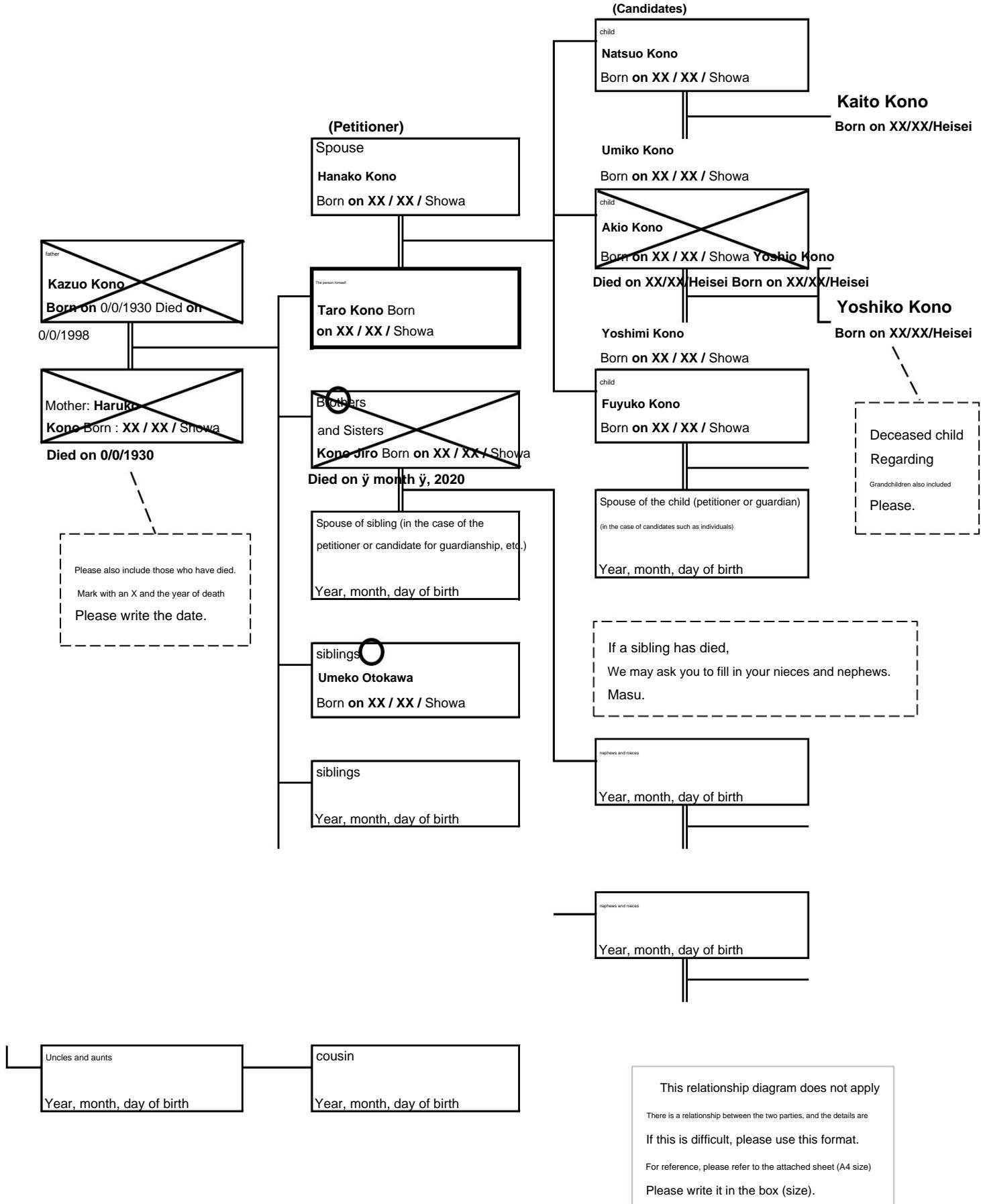
* If the petitioner or the candidate for adult guardianship is related to the person in question by family,

Please be sure to include information about the candidate for adult guardianship.

*Please fill in as much information as possible about the person's presumptive heirs and other relatives.

Presumptive heirs are those who would inherit if the person were to die.

For more details, please refer to 2. "Regarding opinions from relatives."



Explanation of the application circumstances

*Please write this down yourself. If you are unable to write it down, someone who understands your situation well can write it down.

Please write it down.

* Please write freely for the written questions. For multiple choice questions, please check the appropriate box.

Please add:

yyyyy

Creator's name: **Hanako Kono**



(If the preparer is other than the applicant, the relationship to the applicant: _____)

Address of the preparer (including the petitioner)

ÿ As stated in the petitioner column of the petition

ÿ As follows

Postal code: _____

address: _____

Telephone contact from the court

Weekday contact (9:00 AM - 5:00 PM): Phone : XXX (XXX) XXX

(ÿ Mobile phone, ÿ Home, ÿ Work)

•Is there any problem with calling using the name of the court? ÿYes, I can call. ÿNo, I can't.

•If there are any points to be kept in mind when contacting the court (such as times when it is difficult to make a phone call),

Please specify if necessary.

Nothing in particular

[About the individual's situation]

1. About the individual's place of residence

(1) Current living location

ÿ Home or relatives' home

Cohabitants ÿ ÿ None (living alone)

ÿ Yes *Please enter the names of those living with you and their relationship to you.

(Name: Relationship to the person:) _____

(Name: Relationship to the person:) _____

(Name: Relationship to the person:) _____

Nearest public transportation (Please fill in as much information as possible.)

(Train) Nearest station: _____ line _____ station

(Bus) Nearest bus stop: _____ bus(_____ Going) _____ Get off

ÿ Hospital or facility (Date of admission: Showa, Heisei, Reiwa **Year / Month / Day**) _____

Name: **ÿ Hospital**

Location: **yyyyyyyyy**

XX Prefecture, XX City, XX Town, XX Chome, XX No.

Staff member in charge: Name: _____ Position: **xxx**

____ Contact: Phone: _____ (____) _____

Nearest public transportation (Please fill in as much information as possible.)

(Train) Nearest station: XX Line , XX Station _____

(Bus) Nearest bus stop: Bus (_____ Going) _____ Get off _____

(2) Plans for moving, admission to a facility, or transfer to another hospital

*If you move, enter a facility, or transfer to another hospital after filing your petition, please notify the family court promptly.

ÿ No plans.

ÿ I have plans (ÿ Moving ÿ Entering a facility ÿ Transferring to another hospital)

Period: Around May 2020 _____

Name of facility/hospital, etc.: _____

Address of new address, facility, hospital, etc.: Postal code - _____

2. Please provide as much of your personal history as possible (family relationships (marriage, childbirth, etc.), highest level of education, and main work history).

It's lame.

year month	Family relationships	year month	Highest level of education and major work experience
Showa ÿÿ	birth	Showa ÿÿ	Graduated from XX school
Married to Akio Hanako		Employed at Showa ÿÿ Co., Ltd.	
•		Retired on _____ / _____	
•		•	
•		•	

3. Please describe the patient's medical history (disease name, time of onset, medical visit history, hospitalization history) to the extent that you know it.

Disease name: **Dementia** _____

Onset date: **Around** month / year _____

Hospital visit history: Around year month ~ Hospitalization Around the year/month

history: **Around** year month ~ Around the year/month

Disease name: _____

Onset time: Around the year/month _____

Outpatient history: Around year month ~ around Around the year/month

Hospitalization history: year month ~ Around the year/month

4. Whether or not you have been certified for welfare

*Please circle the applicable number.

ÿ Nursing care certification (Certification date: **Year / Month**) _____

ÿ Support required (1, 2) ÿ Nursing care required (1, 2, 3, 4, 5)

ÿ Not applicable ÿ Certification process in progress

ÿ Disability support category (certification date: year/month) ÿ Category

(1, 2, 3, 4, 5, 6) ÿ Not applicable ÿ Certification process in progress ÿ Therapeutic education handbook

(Ai no Techo, etc.) (Name of handbook:) (Decision: ÿ Mental disability health and welfare handbook _____)

(grades 1, 2, 3) ÿ Physical disability handbook ÿ None.

(1st, 2nd, 3rd, 4th, 5th, 6th grade)

5. Regarding the individual's daily and social life situation

ÿ Submit a copy of the individual information

sheet. * It is not necessary to fill in (1) to (6) below.

ÿ Do not submit a copy of the personal information

sheet. * Please fill in (1) to (6) below to the best of your knowledge.

(1) Physical and daily living functions

Please indicate whether or not you require assistance with daily activities such as eating, bathing, changing clothes, moving, etc. If you are able to carry out your daily activities without assistance from others by using home modifications or welfare equipment, please check "No assistance required."

ÿ No support needed. ÿ Partial

support needed.

* Please specify the support you require.

The following (1) to (6) are examples of what to fill out if you do not submit a copy of the personal information sheet.

Assistance is required for bathing and dressing.

ÿ Full support is needed.

If any changes to the support system or additional measures are required in the future, please describe the details.

It's lame.

When he is discharged from the hospital, it will be difficult for me to live with him because I am often sick, so I will have to live in a nursing home.

I would like to consider admission.

(2) Regarding cognitive

function: Does it fluctuate from day to day? ÿ Yes ÿ No *Please check the boxes from A to D below (if you answer "Yes," please check the boxes keeping in mind the best possible condition).

A. Regarding communication of intentions regarding everyday

actions * "Everyday actions" should be considered to be those that are carried out in the person's usual living environment, such as daily routines such as eating and bathing, and responding to visiting welfare service providers. ÿ Able to communicate

intentions to others (Able to communicate one's intentions to an extent that does not cause problems in

everyday life.) ÿ Sometimes unable to communicate (Sometimes unable to convey intentions accurately, which causes problems

in everyday life.) ÿ Barely able to communicate (Able to communicate very simple intentions such as being hungry or sleepy, but unable to communicate other intentions.)

ÿ Unable to communicate (Unable to communicate even very simple intentions.)

B. Understanding of everyday activities ý Can understand. (Can answer questions about wake-up and bedtime, what to eat, etc.) ý Sometimes cannot understand. (Can sometimes answer questions about the above points and sometimes cannot.) ý Can hardly understand. (Can often not answer questions about the above points.) ý Can't understand. (Basically cannot answer questions about the above points.)

C. Regarding short-term memory for everyday actions: ý Can remember. (Can correctly answer about what was done immediately before or what was shown.) ý Sometimes can't remember. (Sometimes can answer about the above points and sometimes can't.) ý Can barely remember. (Often can't answer about the above points.) ý Can't remember. (Basically can't answer about the above points.)

Regarding whether the person in question is aware of their family, etc. ý They are aware of them correctly. (I can correctly recognize family members or friends I don't see on a daily basis when I meet them.) ý I am unable to recognize them completely. (I can generally recognize family members or friends I see on a daily basis, but have difficulty with others.) ý I am almost unable to recognize them. (I am often unable to recognize family members or friends I see on a daily basis when I meet them.) ý Not recognized. (I am generally unable to recognize family members, friends, or acquaintances whom I see on a daily basis.)

(3) Behavioral disorders that interfere with daily life and social life * "Behavioral disorders" are disorders that interfere with social life in various situations, such as not being able to return home after going out, breaking things, or shouting. This refers to behavior that is inappropriate in light of the child's purpose or objectives. ý No disruptive behavior. ý Almost no disruptive behavior. ý Occasionally disruptive behavior. ý Some disruptive behavior. * Please state the specific content and frequency of the disruptive behavior, and indicate whether support is provided for the behavior. If necessary, please also describe the specific details of the support.

Patients may become confused and not know where their room or toilet is within the hospital, so guidance is required.

(4) Frequency of interaction with society and the local community

A. The individual is able to carry out daily activities such as interacting with family and friends, using nursing care services, shopping, and engaging in hobbies.

Please answer the following questions regarding the frequency of contact with society and the local community.

Sai.

ÿ Once a week or more ÿ Once a month or more ÿ Less than once a month

Please provide specific details about the exchange.

At least once a week, family members visit the patient in hospital to talk with him.

(5) Daily decision-making

*"Daily decision-making" refers to decisions about activities in daily life.

ÿ Yes, you can.

(Able to make decisions in all aspects of daily life activities.)

ÿ Yes, except in special cases.

(Decisions can be made about TV programs, menus, clothing, etc., but treatment plans and living environment

Decisions on changes require guidance and support.)

ÿ It is difficult on a daily basis.

(They can make decisions about television programs, menus, clothing, etc.)

ÿ I can't.

(I am completely unable to make decisions or I'm not sure if I can make decisions.)

(6) Money Management

* "Financial management" refers to understanding, managing, and calculating the income and expenditure of money you have.

ÿ Managed by the person in question.

(The individual is in full control of his/her large assets and securities.)

ÿ Managed by the individual with the support of a relative or third party.

(The individual manages their own living expenses, etc., while the bankbook is kept by the account holder.)

ÿ Supporter (Name: _____ Relationship with the person: _____)

Details of support _____)

(ÿ Managed by a relative or third party.

(The individual's daily living expenses are paid and managed by a third party.)

ÿ Administrator (Name: **Hanako Kono** Relationship to the person: **Wife** _____)

Contents of management (I manage the money, including managing the savings passbook.)

[About the circumstances of the

petition] 1. The person in question has not used the procedures of the adult guardianship system of the family court or been appointed by someone.

Have you ever entered into a guardianship agreement?

ÿ None

ÿ Yes ÿ _____ Around the year/month

ÿ I have used the procedures of the family court's adult guardianship system.

Court used: Family Court branch/sub-branch _____

Case number: Year (family) No. ÿ Guardianship _____ issue

begins ÿ Curatorship begins ÿ Assistance begins ÿ Other (_____)

Name of petitioner: _____

ŷ I have previously entered into a voluntary guardianship contract.

Affiliation of the notary public who prepared the notarized _____ Legal Affairs Bureau

document: Certificate number: Date of _____ issue

preparation of the document: Month, Year Registration number: _____ day

No. Name of voluntary guardian: _____

2. Has the person in question been informed that this procedure will be carried out?

* If the person in question is the petitioner, no need to fill

in this information. ŷ The petition has been explained to the person and

the person is aware of it. The person's opinion regarding the petition ŷ Agree ŷ Disagree ŷ Unknown The person's opinion regarding the candidate for guardian etc. ŷ Agree ŷ Disagree ŷ Unknown

ŷ I explained to him about filing a petition, but he doesn't understand. ŷ I didn't

explain to him about filing a petition, and he doesn't know. ŷ Other (I

explained to him multiple times using words and diagrams that were as easy to understand as possible, but each time it seemed like he was hearing a new explanation, and he found it difficult to understand.)

3. Regarding the person's presumed heirs

(1) Please enter the names, addresses, etc. of the person's presumed heirs to the extent that they are known.

* If there is not enough space, please fill in the attached sheet ŷ. ŷPlease prepare A4 size paper yourself. *Presumed heirs are those who will inherit if the person dies. Specifically, "relatives"

Please refer to Section 2 of "Regarding the Opinion Letter."

* Please check the appropriate box for your opinion regarding this petition in the "Opinion 1" column, and your opinion regarding the guardianship candidate in the "Opinion 2" column. ("Entrust" means leaving it to the discretion of the family court.)

Name	Age	Relationship	address	Opinion 1	Opinion 2 ŷ
Hanako Kono		XX's wife	Postal code: As stated in the petition ŷ As stated in the relative's written opinion ŷ Same as the person in question Postal code: As stated in the relative's written	Agree ŷ Agree ŷ Disagree ŷ Disagree ŷ Leave it to me ŷ Leave it to me ŷ Unknown ŷ Unknown ŷ Agree ŷ Agree ŷ Disagree ŷ Disagree ŷ Leave it to me ŷ Leave it to me ŷ	Agree ŷ Agree ŷ Disagree ŷ Disagree ŷ Leave it to me ŷ Leave it to me ŷ Unknown ŷ Unknown ŷ Agree ŷ Agree ŷ Disagree ŷ Disagree ŷ Leave it to me ŷ Leave it to me ŷ
Kono Natsuo		XX child	written opinion ŷ Same as the person in question Postal code: As stated in the relative's written opinion ŷ Same as the person in question	Unknown ŷ Unknown ŷ Agree ŷ Agree ŷ Disagree ŷ Disagree ŷ Leave it to me ŷ Leave it to me ŷ	Unknown ŷ Unknown ŷ Agree ŷ Agree ŷ Disagree ŷ Disagree ŷ Leave it to me ŷ Leave it to me ŷ
Fuyuko Kono			ŷ As stated in the relative's opinion ŷ Same as the person concerned Postal code	Unknown ŷ Unknown ŷ Agree ŷ Agree ŷ Disagree ŷ Disagree ŷ Leave it to me ŷ Leave it to me ŷ	Unknown ŷ Unknown ŷ Agree ŷ Agree ŷ Disagree ŷ Disagree ŷ Leave it to me ŷ Leave it to me ŷ
Yoshio Kono		XX Grandson	ŷ As stated in the relative's opinion ŷ Same as the person	Unknown ŷ Unknown ŷ Agree ŷ Agree ŷ Disagree ŷ Disagree ŷ Leave it to me ŷ Leave it to me ŷ	Unknown ŷ Unknown ŷ Agree ŷ Agree ŷ Disagree ŷ Disagree ŷ Leave it to me ŷ Leave it to me ŷ
Yoshiko Kono		Grandson	ŷ As stated in the relative's opinion ŷ Same as the person concerned Postal code	Unknown ŷ Unknown ŷ Agree ŷ Agree ŷ Disagree ŷ Disagree ŷ Leave it to me ŷ Leave it to me ŷ	Unknown ŷ Unknown ŷ Agree ŷ Agree ŷ Disagree ŷ Disagree ŷ Leave it to me ŷ Leave it to me ŷ
			ŷ As stated in the relative's opinion		

		ý Same as the person	ý Unknown ý Unknown ý
		ý As stated in the relative's opinion ý Same as the person concerned Postal code	Agree ý Agree ý Disagree ý Disagree ý Leave it to me ý Leave it to me ý Unknown ý Unknown ý Agree ý Agree ý Disagree ý Disagree ý Leave it to me ý Unknown ý Unknown
		ý As stated in the relative's opinion ý Same as the person	

(2) If there are any of the people listed in (1) who have expressed their opposition to this petition, whose intentions are unknown, or who have not submitted a statement of their family's opinion, please provide their names and the reasons for their opposition. Name

	Reason etc.
	ý As stated in the relative's opinion
	ý As stated in the relative's opinion
	ý As stated in the relative's opinion
	ý As stated in the relative's opinion
	ý As stated in the relative's opinion

4 If there is a welfare institution that has consulted with or provided assistance to the individual, please check the box and enter the name of that institution.

Community Comprehensive Support Center (Name: ý _____)
 Rights Advocacy Center (Name: ý Social Welfare Council _____)
 (Name: (Name: ý Other ý There is no welfare institution that I _____)
 or received _____ consulted _____)))
 assistance from.

5. If there is a candidate for adult guardianship, please state the reason why that person is suitable to be a guardian. If you leave the matter to the family court (leaving it to the family court's judgment), please state the reason and circumstances (e.g., there are no relatives nearby who could be candidates). * The family court may decide to appoint someone other than the candidate as an adult guardian.

He has been living with us for the past XX years, and even after he was hospitalized, the candidate has been in charge of contacting the hospital.

This is because they are the ones who know the most about the individual's situation.

6. Is it possible for the person in question to come to the family court?

ÿ Yes, it is possible.

ÿ Impossible or difficult.

reason: _____

7. Points to note when asking the person about the circumstances of the application (matters to be considered regarding the person's mental state, etc.)

Please indicate if applicable.

To arrange a date, please contact Mr./Ms. XX at the hospital where the patient is admitted (phone number: XX-XX-XX-XX).

Please contact us. _____

Property Inventory

Reiwa year month Creator's name: Hanako Kono 

The assets of the individual (Taro Kono) are as follows:

* Check the appropriate box for whether or not you have assets from 1 to 9 below and enter the details.

Please.

* If you have documents related to the assets listed below from 1 to 8, check the box in the "Documents" column.

Please attach a copy of the relevant documents. Also, please attach a copy of the documents so that the correspondence with the property inventory can be seen.

Please write the corresponding number in the upper right corner. (For example, in the property inventory, under "1. Savings and cash" there is "No. 2"

If it is a copy of a document, please write "Zai 1-2" in the upper right corner of the copy of the document.)

* If there are not enough spaces to list each asset, make a copy of this form and write the numbers in the "No." column consecutively.

Please reattach it.

1. Savings and cash

As follows No relevant assets Unknown

* In the "Account type" column, ordinary deposits and regular savings are marked "Regular", and fixed-term deposits and fixed-amount savings are marked "Term". Check the box, and for other types, check the box in the column below and enter the name of the type.

No.	Name of financial institution	Branch name	Account type	Account number	Last confirmation date	Balance (yen)	Administrator	Materials
1	yyBank		ÿPureÿSet ÿ	10000- 12345678	Reiwa Year XX Month XX Day 1,468,422	Applicant		ÿ
2	yyBank	ÿ	ÿPermanent ÿSet ÿ	1234567	Reiwa	ÿÿÿ749,860	Same as above	ÿ
3	yyBank	ÿ	ÿPuÿdetermined ÿ	2345678	ÿÿÿÿ	2,000,000	Same as above	ÿ
4	XX Trust Bank	ÿ	ÿPuÿdetermined ÿ	3456789	Reiwa	ÿÿÿ5,000,000	Same as above	ÿ
5			ÿPermanent ÿSet ÿ					ÿ
6			ÿPermanent ÿSet ÿ					ÿ
7			ÿPermanent ÿSet ÿ					ÿ
8			ÿPermanent ÿSet ÿ					ÿ
9			ÿPermanent ÿSet ÿ					ÿ
10			ÿPermanent ÿSet ÿ					ÿ
Cash (money held other than savings)						0		
total						9,218,282		

2. Securities, etc. (stocks, investment trusts, government bonds, corporate bonds, foreign currency deposits, bills, checks, etc.)

As follows No relevant assets Unknown

No.	kinds	Stock name, name of securities company, etc.	Quantity, face value	Valuation (yen)	Administrator	Materials
1	stock	XX Electric Industry	500 shares	1,000,000	XX Securities	ÿ
2	investment trusts	XX Fund	200 units	2,000,000	XX Trust Bank	ÿ
3	Government Bonds	Interest-bearing Government Bonds (Year) No. XX	1 million yen	1,000,000	XX Securities	ÿ
4						ÿ
5						ÿ
total					4,000,000	

3. Life insurance, non-life insurance, etc. (in which the individual is the policyholder or beneficiary)

ÿ As follows ÿ No relevant assets ÿ Unknown

No.	Name of insurance company	Type of insurance	Certificate Number	Insurance amount (amount received) (yen)	Contractor	Recipient	Materials
1	XX Life Insurance xx	Life Insurance	11-1111 10,000,000 per person			Petitioner	ÿ
2	Insurance Co., Ltd. Co., Ltd.	Property Insurance	222-222 10,000,000 per person			The person himself	ÿ
3							ÿ
4							ÿ
5							ÿ

4. Real estate (land)

ÿ As follows ÿ No relevant assets ÿ Unknown

No.	Location	Address	Land use Land area (m2)	remarks (Current status, ownership interest, etc.)	Materials
1	XX City, XX Town, XX Chome	Number XX	Residential land 134.56	one's home	ÿ
2	XX City, XX Ward, XX Chome	Number XX	Residential land 120.34	Currently rented to Togawa Shiro Building No. 2 site	ÿ
3					ÿ
4					ÿ
5					ÿ

5. Real estate (buildings)

ÿ As follows ÿ No relevant assets ÿ Unknown

No.	Location	House number type		Floor area (m2)	remarks (Current status, ownership interest, etc.)	Materials
1	XX City XX Town XX Chome XX No. XX Residence			1st floor 100.20 2nd floor 90.50	one's home	ÿ
2	XX City, XX Ward, XX Chome, XX Address	Number XX	home	1st floor 92.90 2nd floor 60.20	Currently rented to Togawa Shiro	ÿ
3						ÿ
4						ÿ
5						ÿ

6. Claims (loans, damages, etc.)

ÿ As follows ÿ No relevant assets ÿ Unknown

No.	Debtor name (billing address)	Balance (yen)	Details of the claim	remarks	Materials
1	Saburo Heiyama		XX/XX/Heisei 1,200,000 yen loan	600,000 The last day of each month in the No. 1 savings account Transfer 10,000 yen	ÿ
2					ÿ
3					ÿ
4					ÿ
5					ÿ
total				600,000	

7. Other (automobiles, etc.)

ÿ As follows ÿ No such assets ÿ Unknown

No.		Contents Appraisal value (yen) Type	remarks	Materials
1				ÿ
2				ÿ
3				ÿ
4				ÿ
5				ÿ

8 Debt

ÿ As follows ÿ No debt ÿ Unknown

No.	Creditor name (payee)	Liabilities	Remaining balance (yen)	Monthly repayment amount (yen)	Materials
1	XX Bank XX Branch	mortgage	1,000,000	Every month from the No. 1 savings account 30,000 yen deducted	ÿ
2					ÿ
3					ÿ
4					ÿ
5					ÿ
total			1,000,000		

9. Undivided inherited property (estate of which the individual is the heir)

ÿ I have inherited assets (please prepare and submit an inventory of inherited assets)

ÿ No inherited property (There is no need to prepare an inherited property inventory.)

ÿ Unknown (There is no need to prepare an inventory of inherited assets.)

Income and Expenditure Forecast

Date: XX/XX/2020 Author: Hanako Kono The individual's (Taro Kono) income and expenditure forecast is as follows:

* Please enter the following income and expenditure information. If you have the necessary documents, check the box in the "Documents" column and provide the relevant documents.

Please attach copies of the documents. Also, please attach copies of the documents so that the correspondence with the income and expenditure forecast can be seen.Please add the corresponding number to the top right corner of the income and expenditure table.If it is a copy of the document "No. 2 National Pension," please write "Collection 1-2" in the upper right corner of the copy of the document. Sai.)

* If there are not enough spaces to record income and expenditures, make copies of this form and write the numbers in the "No." column consecutively. Please reattach it so that it fits properly.

1. Regular income of the individual

No.	Name, provider, etc.	Monthly amount (yen)	Deposit account, frequency, etc.	Materials
1	Employees' Pension Insurance	150,000	Once every two months Transfer to the asset inventory deposit account No. 1	ÿ
2	National Pension (basic old-age pension)	60,000	Once every two months Transfer to the asset inventory deposit account No. 1	ÿ
3	Other pensions ()		Transfer to the account number of the property inventory deposit account number For income received every two months, quarterly, or once a year, monthly	ÿ
4	Welfare assistance, etc. ()		Please enter the amount apportioned to (if not divisible) Transfer to the account number of the property inventory deposit account number Please round up to the first decimal place.)	ÿ
5	Salary, executive compensation, etc.		The same applies to the description of expenses. Transfer to the account number of the property inventory deposit account number	ÿ
6	Rental income (rent, land rent, etc.)	80,000	From Togawa Shiro every month Transfer the property inventory to the No. 1 savings account	ÿ
7	Loan repayment	10,000	Every month from Saburo Heiyama Transfer the property inventory to the No. 1 savings account	ÿ
8				ÿ
Total income (monthly) =		300,000 yen per year (monthly fee x 12 months) =	3,600,000 yen	

2. Regular expenses of the individual

No.	Items	Monthly amount (yen)	Withdrawal account, frequency, payment method, etc.	Materials
1	living expenses	Food and daily necessities	10,000 Cash payment	ÿ
2		Electricity, gas, water, etc.	Automatic deduction from the account with the asset inventory deposit number	ÿ
3		communication costs	Automatic deduction from the account with the asset inventory deposit number	ÿ
4			Automatic deduction from the account with the asset inventory deposit number	ÿ
5			Automatic deduction from the account with the asset inventory deposit number	ÿ
6	Medical expenses	Facility fees	Automatic deduction from the account with the asset inventory deposit number	ÿ
7		Hospitalization, medical expenses, and medicine costs : 120,000	Cash payment on the 20th of each month Automatic deduction from the account with the asset inventory deposit number	ÿ
8			Automatic deduction from the account with the asset inventory deposit number	ÿ
9			Automatic deduction from the account with the asset inventory deposit number	ÿ
10			Automatic deduction from the account with the asset inventory deposit number	ÿ

11	Housing costs	rent		ŷ Automatic deduction from the account with the asset inventory deposit number	ŷ
12		land rent		ŷ Automatic deduction from the account with the asset inventory deposit number	ŷ
13				ŷ Automatic deduction from the account with the asset inventory deposit number	ŷ
14				ŷ Automatic deduction from the account with the asset inventory deposit number	ŷ
15				ŷ Automatic deduction from the account with the asset inventory deposit number	ŷ
16	tax	Property tax	20,000	May, July, September and December ŷ Automatic deduction from the asset inventory deposit account No. 1	ŷ
17		income tax	3,000	Cash lump sum payment in March ŷ Automatic deduction from the account with the asset inventory deposit number	ŷ
18		Resident tax	3,000	June, August, October and January ŷ Automatic deduction from the asset inventory deposit account No. 1	ŷ
19				ŷ Automatic deduction from the account with the asset inventory deposit number	ŷ
20				ŷ Automatic deduction from the account with the asset inventory deposit number	ŷ
twenty one	Insurance premiums	National health insurance premiums	4,000	ŷ Automatic deduction from the asset inventory deposit account No. 1	ŷ
twenty two		Nursing care insurance premiums	4,000	ŷ Automatic deduction from the asset inventory deposit account No. 1	ŷ
twenty three		Life (non-life) insurance premium: 8,000		ŷ Automatic deduction from the asset inventory deposit account No. 1	ŷ
twenty four				ŷ Automatic deduction from the account with the asset inventory deposit number	ŷ
twenty five				ŷ Automatic deduction from the account with the asset inventory deposit number	ŷ
26	others	Debt repayment	30,000	mortgage ŷ Automatic deduction from the asset inventory deposit account No. 1	ŷ
27		pocket money			ŷ
28				ŷ Automatic deduction from the account with the asset inventory deposit number	ŷ
29				ŷ Automatic deduction from the account with the asset inventory deposit number	ŷ
30				ŷ Automatic deduction from the account with the asset inventory deposit number	ŷ
31				ŷ Automatic deduction from the account with the asset inventory deposit number	ŷ
32				ŷ Automatic deduction from the account with the asset inventory deposit number	ŷ
33				ŷ Automatic deduction from the account with the asset inventory deposit number	ŷ
Total expenses (monthly) =		202,000 yen per year (monthly fee x 12 months) =		2,424,000 yen	

Monthly	(Total Income) - (Total Expenses) = +/-	98,000 yen
Annual fee	(Total Income) - (Total Expenses) = +/-	1,176,000 yen

Inheritance property inventory

Reiwa year month Creator's name: **Hanako Kono** 

The contents of the inheritance property to which the individual (Taro Kono) is the heir are as follows:

*Please submit this form only if you are an heir to an inherited property for which the division of the estate has not yet been completed.

* If there are multiple deceased heirs, please make copies of this list and share it with each heir.

Make this inventory for each.

*Please check the appropriate box regarding whether or not you have inherited any of the following assets, and enter the details.

* If you have any documents related to the inherited property listed below, check the box in the "Documents" column and provide the documents.

Please attach a copy of the document. In addition, please attach a copy of the document so that the correspondence with the inheritance property list can be understood.

Please write the corresponding number in the upper right corner. (Example: In the inheritance property inventory, under "1. Savings and cash,"

If it is a copy of a document, please write "Aspect 1-2" in the upper right corner of the copy of the document.)

* If there are not enough spaces to enter the inherited property, make copies of this form and fill in the "No." column with consecutive numbers.

Please reattach it so that it fits.

Name of the deceased (Jiro Kono) _____

Relationship to the person in question (his younger brother)

Date of death of the deceased (Heisei • Reiwa month year) _____

The individual's legal share of inheritance (half) _____

Will (Yes No Unknown)

1. Savings and cash

As follows No relevant assets Unknown

* In the "Account type" column, ordinary deposits and regular savings are marked "Regular", and fixed-term deposits and fixed-amount savings are marked "Term".

Check the box, and for other types, check the box in the column below and enter the name of the type.

No.	Name of financial institution	Branch name	Account type	Account number	Last confirmation date	Balance (yen)	Administrator	Materials
1	yyBank	yy	<input type="checkbox"/> Pure <input type="checkbox"/> Set	4567891	yyyy	561,234	Umeko Otokawa	<input type="checkbox"/>
2	yyBank	yy	<input type="checkbox"/> Pu <input type="checkbox"/> determined	5678912	4,000,000	Umeko Otokawa		<input type="checkbox"/>
3			<input type="checkbox"/> Permanent <input type="checkbox"/> Set					<input type="checkbox"/>
4			<input type="checkbox"/> Permanent <input type="checkbox"/> Set					<input type="checkbox"/>
5			<input type="checkbox"/> Permanent <input type="checkbox"/> Set					<input type="checkbox"/>
6			<input type="checkbox"/> Permanent <input type="checkbox"/> Set					<input type="checkbox"/>
7			<input type="checkbox"/> Permanent <input type="checkbox"/> Set					<input type="checkbox"/>
8			<input type="checkbox"/> Permanent <input type="checkbox"/> Set					<input type="checkbox"/>
9			<input type="checkbox"/> Permanent <input type="checkbox"/> Set					<input type="checkbox"/>
10			<input type="checkbox"/> Permanent <input type="checkbox"/> Set					<input type="checkbox"/>
Cash (money held other than savings)						0		
total						4,561,234		

2. Securities, etc. (stocks, investment trusts, government bonds, corporate bonds, foreign currency deposits, bills, checks, etc.)

ÿ As follows ÿ No such assets ÿ Unknown

No.	Type Stock name, name of securities company, etc.	Quantity, face value	Valuation (yen)	Administrator	Materials
1					ÿ
2					ÿ
3					ÿ
4					ÿ
5					ÿ
total					

3. Life insurance, non-life insurance, etc. (those for which the deceased is the beneficiary)

ÿ As follows ÿ No such assets ÿ Unknown

No.	Name of insurance company	Type of insurance	Certificate Number	Insurance amount (Amount received) (yen)	Contractor	Materials
1						ÿ
2						ÿ
3						ÿ
4						ÿ
5						ÿ

4. Real estate (land)

ÿ As follows ÿ No relevant assets ÿ Unknown

No.	Location	Address	Land use	Land area (m2)	Notes (current status, ownership interest, etc.)	Materials
1	XX City, XX Town, XX Chome	Number XX	Residential land	123.45	vacant land	ÿ
2						ÿ
3						ÿ
4						ÿ
5						ÿ

5. Real estate (buildings)

ÿ As follows ÿ No such assets ÿ Unknown

No.	Location	House number	Type	Floor area (ÿ)	remarks (Current status, ownership interest, etc.)	Materials
1						ÿ
2						ÿ
3						ÿ
4						ÿ
5						ÿ

6. Claims (loans, damages, etc.)

ÿ As follows ÿ No such assets ÿ Unknown

No.	Debtor name (billing address)	Details of the claim	Remaining balance (yen)	remarks	Materials
1					ÿ
2					ÿ
3					ÿ
4					ÿ
5					ÿ
total					

7. Other (automobiles, etc.)

ÿ As follows ÿ No such assets ÿ Unknown

No.	kinds	Content	Appraisal value (yen)	remarks	Materials
1					ÿ
2					ÿ
3					ÿ
4					ÿ
5					ÿ

8 Debt

ÿ As follows ÿ No debt ÿ Unknown

No.	Creditor name (payee)	Liabilities	Remaining balance (yen)	Monthly repayment amount (yen)	Materials
1					ÿ
2					ÿ
3					ÿ
4					ÿ
5					ÿ
total					