

IN THE PROBATE COURT OF _____ COUNTY

STATE OF GEORGIA

ADULT CONSERVATORSHIP INVENTORY, ASSET MANAGEMENT PLAN,
AND RETURN

ESTATE NO. _____

_____ ANNUAL REPORT
_____ FINAL REPORT

Ward: _____
Conservator(s): _____

PERIOD FROM: _____ TO: _____

REAL PROPERTY

(Indicate if property is jointly owned and with whom)

REAL ESTATE	PROPERTY ADDRESS OR DESCRIPTION	APPROXIMATE EQUITY
Parcel One:		
Parcel Two:		
Parcel Three:		
Parcel Four:		
TOTAL APPROXIMATE EQUITY IN REAL ESTATE		

INCOME FROM ALL SOURCES

	Yearly Total for This Reporting Period	Projected Yearly Total for the Next Reporting Period
Social Security per year		
SSI (Supplemental Security Income) per year		
Retirement benefits per year (payor)		
Retirement benefits per year (payor)		
VA benefits per year (payor)		
Other income per year, including, e.g., alimony, annuity, or trust distributions (payor)		
Interest, dividend, or investment income		
YEARLY TOTAL OF ALL INCOME		

If the Ward is a beneficiary of a Trust, please show the name of the Trust, the Trustee, his/her address, telephone number, and attach an outline showing when and how payments are required to be made under the Trust and the criteria for payment:

PERSONAL AND INTANGIBLE PROPERTY

(Indicate if property is jointly owned and with whom)

VALUES ON THIS PAGE SHOULD REFLECT BALANCES AT THE END OF THIS REPORTING PERIOD.

1. CHECKING/SAVINGS/MONEY MARKET/CERTIFICATES OF DEPOSIT/LIQUID ACCOUNTS:

Bank/Financial Institution/Broker	Acct. No.	Joint Owner (if any)	APPROXIMATE VALUE
TOTAL APPROXIMATE VALUE OF SECURITIES			

2. STOCKS/BONDS/INVESTMENTS (including retirement and profit-sharing accounts):

a. held by brokers:

Brokerage Firm or Institution	Acct. No.	Joint Owner (if any)	APPROXIMATE VALUE
TOTAL APPROXIMATE VALUE OF SECURITIES			

b. privately held:

Company/Issuer	No. of Shares	Joint Owner (if any)	APPROXIMATE VALUE
TOTAL APPROXIMATE VALUE OF SECURITIES			

3. AUTOMOBILES:

Year/Make/Model	V.I.N.	Joint Owner (if any)	APPROXIMATE VALUE
TOTAL APPROXIMATE VALUE OF AUTOMOBILES			

4. OTHER ASSETS OF SIGNIFICANT VALUE:

Description	Joint Owner (if any)	APPROXIMATE VALUE
TOTAL APPROXIMATE VALUE		

5. MISCELLANEOUS: List all other non-cash assets in this section.

COMMENTS/EXPLANATIONS ABOUT ANYTHING ON THIS RETURN:

DEBTS AND OTHER LIABILITIES

The ward owes the following debts/liabilities:

1. Secured debts:

Obligor/Payee	Collateral	Joint Owner (if any)	Approx. Current Balance
TOTAL APPROXIMATE BALANCE OF SECURED DEBTS			

2. Unsecured debts:

Obligor/Payee	Account No.	Joint Owner (if any)	Approx. Current Balance
TOTAL APPROXIMATE BALANCE OF UNSECURED DEBTS			

TOTAL DEBTS AND OTHER LIABILITIES OF WARD _____

Current Amount of Bond: _____

LIABILITIES AND EXPENSES

This section of the return should give the court an accounting of how funds were spent during the reporting period covered by this return. You will also give a projected monthly and a projected yearly approximation of expenses to be incurred during the next reporting period following the one covered by this return. The Probate Court will use this information to determine the maximum allotment the conservator will be allowed to spend on a monthly basis. If the conservator finds cause to exceed that allotment, the conservator will need to file an encroachment.

Disbursements from the reporting period covered by this return **MUST** be EXACT FIGURES. Approximations are not acceptable. However, the projected expenses for the next reporting period may be approximations based on current average monthly expenditures.

Household:	Yearly Expenditures for Current Reporting Period		Projected MONTHLY Expenditures	Projected YEARLY Expenditures
Care Facility:				
Rent/Mortgage				
Property Taxes/Insurance				
Electricity/Gas				
Water/Sewer				
Garbage				
Telephone/Internet				
Repairs and Maintenance				
Lawn Care/Pest Control				
Cable TV/Internet				
Internet				
Miscellaneous Household and Grocery				
Meals Outside Home				
Total Credit Account Payments				
Other Monthly Debt Payments				
Other (specify)				
Automotive/Transportation:				
Car Note				
Gasoline and Oil				
Repairs				
Tags and License Fees				
Insurance				
Bus/Train/Taxi Fares				
Minors or Other Dependents of the Ward:				
Child Care				
School Tuition/Supplies/Expenses/Lunches				
Clothing/Diapers/Grooming/Hygiene				
Medical/Dental/Prescription				
Entertainment/Activities				

Is the ward behind in any debt payments? (Yes/No)

If yes, payee and amount:

PROJECTED BUDGET SUMMARY

	MONTHLY	YEARLY
1. Average Income	_____	_____
2. Average Expenses	_____	_____
3. Income Less Total Expenses (positive or negative figure)	_____	_____

YEARLY SUMMARY OF EXPENDITURES

1. Cash Balance from Previous Return	_____
2. Yearly Total of All Income	_____
3. Yearly Total of All Expenditures	_____
4. Net Cash Balance on Hand	_____

ASSET MANAGEMENT PLAN

Please describe how you plan to manage the ward's assets, including details regarding sale, refinancing, reallocation, investments, or other actions, if any:

Therefore, based upon the income and expenses shown above, the Conservator(s) hereby request(s) leave to disburse from the ward's estate the sum of \$ _____ per month for the support, care, education, health, and welfare of the ward and those persons who are entitled to be supported by the Ward. To the extent that such sum exceeds, in any month, current income, authority to encroach is hereby requested; to the extent that current income, in any month, exceeds such sum, the Conservator(s) shall be limited to expending such sum.

AFFIDAVIT

I/We, _____, Conservator(s) of the above Ward, do swear that the foregoing Inventory and Asset Management Plan contains a just, true, and complete inventory and budget of all property belonging to said Ward within my/our possession, control, or knowledge. This Inventory and Asset Management Plan has been provided to the Guardian of the Ward, if any, by first class mail.

CERTIFICATE OF MAILING

I/We hereby certify that I/we have mailed a copy of this return by first class mail to the surety on my/our bond, the Ward, and the Ward's Guardian, if any.

Signature of Attorney: _____

Typed/Printed Name: _____

Address: _____

Phone: _____

State Bar Number: _____

Sworn to and subscribed before me this
_____ day of _____, 20____.

Conservator

Clerk of Probate Court

Printed Name

Sworn to and subscribed before me this
_____ day of _____, 20____.

Co-Conservator, if any

Clerk of Probate Court

Printed Name

IN THE PROBATE COURT OF _____ COUNTY

STATE OF GEORGIA

IN RE:

) ESTATE NO. _____

)

_____,
WARD

) ASSET MANAGEMENT PLAN

)

_____,
CONSERVATOR(S)

)

)

)

ORDER

The Conservator(s) having filed an Asset Management Plan for the above estate, it is hereby

ORDERED that the Conservator(s) is/are authorized to disburse from the Ward's estate the sum of \$_____ per month for the support of the Ward and his/her dependents.

IT IS FURTHER ORDERED that said Conservator(s) shall show in the annual return how such funds actually were spent.

IT IS FURTHER ORDERED that to the extent that such sum exceeds, in any month, the current income, authority to encroach is hereby granted; to the extent that current income, in any month, exceeds such sum, the Conservator(s) is/are hereby limited to expending such sum.

IT IS FURTHER ORDERED that the within return be allowed.

Date

Probate Judge