



ADULT CONSERVATORSHIP INVENTORY, ASSET MANAGEMENT PLAN AND RETURN

Probate Court
136 Pryor Street SW, Suite C-230
Atlanta, Georgia, 30303
404-613-4070

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 (give source)		
Retirement benefits per year (give source)		
VA benefits per year		
Other income per year, including, e.g., alimony, annuity, or trust distributions (give source)		
Interest		
Dividends		
Rent from Investment Properties		
Other Income (specify)		
TOTAL		

Is Social Security income received as representative payee? Yes _____ No _____

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 AS OF THE END OF THE REPORTING PERIOD.

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

Bank/Financial Institution/Broker	Account Type	Acct. No.	Joint Owner (if any)	VALUE
TOTAL VALUE OF ACCOUNTS				

*******Include a ONE PAGE bank statement for each account showing the balance on hand on the anniversary date (or as close to the anniversary date as possible). The total of all checking, savings, money market, certificates of deposit, and other liquid accounts should equal the net balance on hand shown on page 6.**

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

a. held by brokers:

Brokerage Firm or Institution	Investment Type	Acct. No.	Joint Owner (if any)	APPROXIMATE VALUE
TOTAL APPROXIMATE VALUE OF SECURITIES HELD BY BROKER				

Show account statements describing the value of these assets on the anniversary date (or as close to the anniversary date as possible).

b. privately held:

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

Show account statements describing the value of these assets on the anniversary date (or as close to the anniversary date as possible).

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 will 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 decide whether or not to approve the conservator's proposed budget.

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 Type of Facility: _____ Facility:				
Rent (Payee):				
Mortgage Company:				
Property taxes				
Property Insurance				
Electricity/Gas				
Water/Sewer				
Garbage				
Telephone				
Repairs and Maintenance				
Lawn Care/Pest Control				
Cable TV				
Internet				
Groceries				
Miscellaneous household				
Meals outside home				
Total credit account payments				
Other monthly debt payments				
Other (specify)				
Automotive/Transportation				
Car Note (Payee):				
Gasoline and Oil				
Repairs				
Tags and license fees				
Insurance (Payee):				
Bus/train/taxi fares				

CONTINUED FROM PREVIOUS PAGE	Yearly Expenditures for Current Reporting Period		Projected MONTHLY Expenditures	Projected YEARLY Expenditures
Minors or Other Dependents of the Ward				
Child Care (Payee):				
School Tuition/Supplies/Expenses/Lunches				
Clothing/Diapers/Grooming/Hygiene				
Medical/Dental/Prescription				
Entertainment/Activities				
Other Insurance for the Ward				
Health Insurance Payee:				
Life Insurance Payee: _____ Date established: _____ Beneficiary:				
Disability Insurance Payee:				
Other (specify)				
Ward's Other Expenses				
Dry Cleaning/Laundry				
Clothing/grooming/hygiene				
Medical/Dental				
Prescriptions/medications				
Entertainment/Vacations				
Publications/Subscriptions/Dues/Clubs				
Personal Caretakers/cleaning personnel				
Other (specify)				
Miscellaneous (specify)				
TOTAL EXPENSES				

Note: If you are taking commissions, you must attach a separate sheet showing your calculations. However, you may show the total commissions taken in the Miscellaneous category above.

Is the ward behind in any debt payments? Yes _____ No _____

If yes, please provide the Court the name of the payee(s), nature of the debt(s) and amount(s):

PROJECTED BUDGET SUMMARY

For the next reporting period (period just beginning).

1. Projected Yearly Total Income (From Page 1) _____
2. Projected Yearly Expenditures (From Page 5) _____
3. Income Less Total Expenses (positive or negative figure) _____
Subtract Line 2 From Line 1

YEARLY SUMMARY OF ACTUAL INCOME & EXPENDITURES

For reporting period just ended.

1. Cash Balance from Previous Return _____
2. Yearly Total of All Income (From Page 1) _____
3. TOTAL RECEIPTS (Total of Lines 1 and 2) _____
4. Total Yearly Expenditures for This Reporting Period
(From Page 5, Previous Page) _____
5. Net Cash Balance on Hand (Subtract Line 4 From Line 3) _____

The Net Cash Balance on Hand should equal the total of all checking, savings, money market, certificates of deposit, and other liquid accounts shown on in Item 1 on Page 2.

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) approval of the proposed budget.

AFFIDAVIT

As Conservator(s) of the above Ward, I/We, _____, do swear that the foregoing Return and Inventory and Asset Management Plan contains a just, true, and complete accounting of the receipts and disbursement incurred in managing the estate during the just-ended reporting period, as well as an inventory and proposed budget of all property belonging to said Ward within my/our possession, control, or knowledge.

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

Notary Public/Clerk of Probate Court

Printed Name

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

Co-Conservator, if any

Notary Public/Clerk of Probate Court

Printed Name

IN RE: _____,) ESTATE NO. _____
WARD _____,)
_____) ADULT CONSERVATORSHIP
CONSERVATOR(S) _____) INVENTORY, ASSET MANAGEMENT
) PLAN & RETURN
)

ADULT CONSERVATORSHIP
INVENTORY, ASSET MANAGEMENT PLAN AND RETURN
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