ADULT CONSERVATORSHIP
INVENTORY AND ASSET MANAGEMENT PLAN
Probate Court
136 Pryor Street SW, Suite C-230
Atlanta, Georgia, 30303
404-613-4070

## ESTATE NO.

Ward:
Conservator(s): $\qquad$
Estimated Duration of Conservatorship: $\qquad$
The following is a true and complete inventory of the estate, both real and personal.
REAL PROPERTY (Indicate if property is jointly owned and with whom)

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

(RECEIPTS) INCOME FROM ALL SOURCES

|  | Projected Yearly Total |
| :--- | :--- |
| 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, <br> annuity, or trust distributions (give source) |  |
| Interest |  |
| Dividends |  |
| Rent from Investment Properties |  |
| Other Income (specify) |  |

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:
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$ $\square$
$\qquad$ No $\square$
No

Is Social Security income received as representative payee? Yes $\square$

## PERSONAL AND INTANGIBLE PROPERTY

(Indicate if property is jointly owned and with whom)

## VALUES ON THIS PAGE SHOULD REFLECT BALANCES AS OF THE DATE LETTERS OF

 CONSERVATORSHIP ARE ISSUEDI. CHECKING/SAVINGS/MONEY MARKET/CERTIFICATES OF DEPOSIT/LIQUID ACCOUNTS:

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

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 |  |  |  |  |

b. privately held:

| Company/Issuer | No. of Shares | Acct. No. | Joint Owner (if any) | APPROXIMATE VALUE |
| :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

## 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.

## DEBTS AND OTHER LIABILITIES

The ward owes the following debts/liabilities:

1. Secured debts:

| Obligor/Payee | Collateral | Solely/Jointly Owned | Approx. Current Balance |
| :--- | :--- | :--- | :--- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

2. Unsecured debts:

| Obligor/Payee | Account No. | Solely/Jointly Owned | Approx. Current Balance |
| :--- | :--- | :--- | :--- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| TOTAL APPROXIMATE BALANCE OF UNSECURED DEBTS |  |  |  |

TOTAL DEBTS AND OTHER LIABILITIES OF WARD $\qquad$

Current Amount of Bond: $\qquad$

## PROJECTED DISBURSEMENTS (EXPENSES)

You will also give a projected monthly and a projected yearly approximation of expenses to be incurred during the first reporting period. The projected expenses for the next reporting period may be approximations based on current average monthly and yearly expenditures.

| Household | Projected <br> MONTHLY <br> Expenditures | Projected YEARLY Expenditures |
| :---: | :---: | :---: |
| Care Facility |  |  |
| Type of Facility: $\qquad$ 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 |  |  |
|  |  |  |
| Minors or Other Dependents of the Ward |  |  |
| Child Care (Payee): |  |  |
| School Tuition/Supplies/Expenses/Lunches |  |  |
| Clothing/Diapers/Grooming/Hygiene |  |  |
| Medical/Dental/Prescription |  |  |
| Entertainment/Activities |  |  |


| CONTINUED FROM PREVIOUS PAGE | Projected <br> MONTHLY <br> Expenditures | Projected <br> YEARLY <br> Expenditures |
| :---: | :---: | :---: |
| Other Insurance for the Ward |  |  |
| Health Insurance Payee: |  |  |
| Life Insurance <br> Payee: $\qquad$ <br> Date established: $\qquad$ <br> Beneficiary: $\qquad$ |  |  |
| 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) |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |
| TOTAL EXPENSES |  |  |

Note: If the projected expenditures exceed the projected income for the ward, you must provide the Court written justification for the encroachment on the corpus. You may attach additional pages if necessary.

Is the ward behind in any debt payments? $\square$ Yes $\square$ No
If yes, please provide the Court the name of the payee(s), nature of the debt(s) and amount(s):

| 1. Average Income | MONTHLY |  |
| :--- | :--- | :--- |
| 2. Average Expenses | $\square$ | - |
| 3. Income Less Total Expenses (positive or negative figure) | $\square$ | - |

## 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 \$ $\qquad$ 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.


#### Abstract

AFFIDAVIT I/We, $\qquad$ 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 inventory by first class mail to the ward's guardian, if any

Signature of Attorney: $\qquad$
Typed/Printed Name: $\qquad$
Address:

Phone:
State Bar Number:
$\qquad$
$\qquad$

Sworn to and subscribed before me this
$\qquad$ day of $\qquad$
Conservator

Notary Public/Clerk of Probate Court

Sworn to and subscribed before me this
___ day of $\qquad$ , 20 $\qquad$
Co-Conservator, if any

[^0]Printed Name

# IN THE PROBATE COURT OF FULTON COUNTY 

STATE OF GEORGIA


ESTATE NO. $\qquad$

## ADULT CONSERVATORSHIP

INVENTORY \& ASSET MANAGEMENT PLAN
) ) )

## ORDER

The Conservator filed the above-referenced Inventory and attached documents and no objection was filed by any interested party within 30 days of the filing, and the Court has reviewed the Inventory and Asset Management Plan and found nothing failing to comply with applicable law which warrants a hearing or any further action by the Court.

Wherefore it is Ordered that the Inventory and Asset Management Plan shall be filed in the confidential estate file.

## It is further Ordered that:

$\qquad$ a. Since the expenditures on the proposed annual budget for next year do not exceed the expected income and interest earned, the Court approves the type of expenditures shown on the budget as being for the benefit of the Ward and the Ward's dependents, if any.
$\qquad$ b. Since the expenditures on the proposed annual budget for next year exceed the expected income and interest earned, the Court approves the type and amounts of expenditures shown on the budget as being for the benefit of the Ward and the Ward's dependents, if any.

It is further Ordered that the Conservator show in the following year's Annual Return how such funds actually were spent.


[^0]:    Notary Public/Clerk of Probate Court

