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): _____

Estimated Duration of Conservatorship:

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, annuity, or trust distributions (give source)	
Interest	
Dividends	
Rent from Investment Properties	
Other Income (specify)	
TOTAL	

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:

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

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 ISSUED**

I. 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				

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				

b. privately held:

Company/Issuer	No. of Shares	Acct. No.	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 APPROXIN	ATE VALUE OF AUTOMOBILES

4. OTHER ASSETS OF SIGNIFICANT VALUE:

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

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

COMMENTS/EXPLANATIONS ABOUT ANYTHING ON THIS INVENTORY:

DEBTS AND OTHER LIABILITIES

The ward owes the following debts/liabilities:

1. Secured debts:

Obligor/Payee	Collate	eral	Solely/Jointly Owned	Approx. Current Balance

TOTAL APPROXIMATE BALANCE OF SECURED DEBTS

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

Current Amount of Bond:

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.

	Projected	
	MONTHLY	Projected YEARLY
Household	Expenditures	Expenditures
Care Facility	Experiance	1
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		
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 MONTHLY Expenditures	Projected YEARLY Expenditures
Other Insurance for the Ward		
Health Insurance		
Payee:		
Life Insurance		
Payee: Date established:		
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 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? 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

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

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 inventory by first class mail to 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

Printed Name

Notary Public/Clerk of Probate Court

Sworn to and subscribed before me this

_____day of ______, 20 _____

Co-Conservator, if any

Notary Public/Clerk of Probate Court

Printed Name

IN THE PROBATE COURT OF FULTON COUNTY

STATE OF GEORGIA

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

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:

_____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.

_____ 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.

Date

Probate Judge