IN THE PROBATE COURT OF FULTON 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)	ACTUAL VALUE
		TOTAL VALUE OF LIQUID ASSETS	

*******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	Acct. No.	Joint Owner (if any)	APPROXIMATE VALUE
		TOTAL APPROXIMATE VALUE OF SECURITIES	

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	Joint Owner (if any)	APPROXIMATE VALUE
		TOTAL APPROXIMATE VALUE OF SECURITIES	

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 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 guardian will be allowed to spend on a monthly basis. If the guardian finds cause to exceed that allotment, the guardian 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				

CONTINUED FROM PREVIOUS PAGE	Yearly Expenditures for Current Reporting Period		Projected MONTHLY Expenditures	Projected YEARLY Expenditures
Other Insurance				
Health				
Life				
Disability				
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, payee and amount: _____

_____

_____

_____

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) 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 _____, _____.

_____
Conservator

_____
Notary Public/Clerk of Probate Court

_____
Printed Name

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

_____
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, AND RETURN**
_____,	)	
CONSERVATOR(S)	)	

ORDER

The Conservator(s) having filed an Adult Conservatorship Inventory, Asset Management Plan, and Return 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 $_____ during the _____ reporting period for the support of the Ward and his/her dependents. The Conservator must file a Petition for Leave to Encroach on the Corpus to spend in excess of this sum during the reporting period.

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

No objection having been filed by any interested party, and the court having reviewed the return without raising an objection, the court has declined to have a hearing, the foregoing return is hereby acknowledged, and it is FURTHER ORDERED that the return shall be filed in the confidential estate file.

_____ _____

Date Probate Judge