PROBATE COURT OF _____ COUNTY

STATE OF GEORGIA

ADULT CONSERVATORSHIP INVENTORY AND ASSET MANAGEMENT PLAN

WARD: _____ ESTATE NO. _____

CONSERVATOR(S): _____

REAL PROPERTY

(Indicate if property is jointly owned and with whom)

Description	County	State	Approximate equity
Parcel 1			$
Parcel 2			$
Parcel 3			$

INCOME FROM ALL SOURCES

	Yearly Total
Social Security per year	$
SSI (Supplemental Security Income) per year	$
Retirement benefits per year (payor): _____	$
Retirement benefits per year (payor): _____	$
VA benefits per year	$
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) **Approximate Current Value**

1. Checking/Savings/Money Market/Certificates of Deposit/Liquid Accounts:

Bank/Financial Institution/Broker Acct. No. Joint Owner (if any)

_____ $_____

_____ $_____

_____ $_____

_____ $_____

2. Stocks/Bonds/Investments (including retirement and profit-sharing accounts):

a. held by brokers:

Brokerage Firm or Institution Acct. No. Joint Owner (if any)

_____ $_____

_____ $_____

_____ $_____

_____ $_____

_____ $_____

b. privately held:

Company/Issuer No. of Shares Joint Owner (if any)

_____ $_____

_____ $_____

3. Automobiles:

Year/Make/Model V.I.N. Joint owner (if any)

_____ $_____

_____ $_____

4. Other assets of significant value:

Description Joint owner (if any)

_____ $_____

_____ $_____

_____ $_____

TOTAL VALUE OF PERSONAL AND INTANGIBLE PROPERTY $_____

DEBTS AND OTHER LIABILITIES

The ward owes the following debts/liabilities:

1. Secured debts:

Obligor/Payee	Collateral	Solely/Jointly Owed	Approx. Current Balance
			$_____
			$_____

2. Unsecured debts:

Obligor/Payee	Acct. No.	Solely/Jointly Owed	Approx. Current Balance
			$_____
			$_____

TOTAL DEBTS AND OTHER LIABILITIES OF WARD $_____

AVERAGE MONTHLY LIABILITIES AND EXPENSES

Household:

- Care Facility/Rent/Mortgage payments: $_____
- Property taxes/Insurance $_____
- Utilities/Lawn Care/Pest Control $_____
- Miscellaneous household, food $_____
- Total credit account and other debt payments $_____
- Other (specify) $_____

Automotive/Transportation

- Fuel and 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 $_____

Other Insurance

- Health/Life/Disability $_____
- Other (specify) $_____

Ward's Other Expenses

Laundry/Clothing/grooming/hygiene	$_____
Medical/Dental/Prescriptions/medications	$_____
Entertainment/Vacations/Subscriptions/Dues	$_____
Personal Caretakers/cleaning personnel	$_____
Other (specify)	$_____
Total Expenses	$_____

Is the ward behind in any debt payments? (yes) (no)

If yes, payee and amount: _____

_____

The following extraordinary purchases are anticipated next year: _____

_____

SUMMARY

1. Average Monthly Income $_____
2. Average Monthly Expenses <$_____>

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:: _____

_____

_____

_____

(initial:)

_____a. Therefore, based upon the 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.

_____b. Therefore, based on the income of the Ward as shown above, the Conservator(s) hereby request(s) leave to disburse the ward's income as estimated above for the support of the ward and those persons who are entitled to be supported by the Ward.

_____c. Therefore, based on known one-time expenses, the Conservator(s) hereby request(s) leave to disburse from the Ward's estate $_____ one time in the reporting year for the following purpose: _____

_____

_____

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.

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

_____
Conservator

_____
NOTARY/CLERK OF PROBATE COURT

_____
Printed Name

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

_____
Co-Conservator, if any

_____
NOTARY/CLERK OF PROBATE COURT

_____
Printed Name

IN THE PROBATE COURT OF _____ COUNTY

STATE OF GEORGIA

IN RE:	)	ESTATE NO. _____
	)	
_____,	)	ASSET MANAGEMENT PLAN
WARD	)	
	)	
_____,	)	
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: (initial applicable)

_____ a. the sum of $_____ per month for the support of the Ward and his/her dependents.

_____ b. the income generated from the corpus of the Ward's estate for the benefit of the Ward and those persons who are entitled to be supported by the Ward.

_____ c. the sum of $_____ one time during the reporting period for the support of the Ward and those persons who are entitled to be supported by the Ward.

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

SO ORDERED this _____ day of _____, 20_____.

_____
Probate Judge