

Adult Conservatorship Inventory and Asset Management Plan

INSTRUCTIONS

I. Specific Instructions

1. This form is to be used pursuant to O.C.G.A. §29-5-30.

II. General Instructions

General instructions applicable to all Georgia probate court standard forms are available in each probate court.

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
My Commission Expires _____

Printed Name

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

Co-Conservator, if any

NOTARY/CLERK OF PROBATE COURT
My Commission Expires _____

Printed Name