

**PROBATE COURT OF THOMAS COUNTY
STATE OF GEORGIA**

ADULT CONSERVATORSHIP INVENTORY AND ASSET MANAGEMENT PLAN

ASSET VALUES AS OF: _____

WARD NAME: _____ CASE # _____

CONSERVATOR(S): _____

REAL PROPERTY

(Indicate if property is jointly owned and with whom)

	Description	County	State	Approx. 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): _____	\$ _____
V A benefits per year:	\$ _____
Other income per year, including alimony, annuity, trust distributions, etc. (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. # Joint Owner (if any)	
_____	\$ _____
_____	\$ _____
_____	\$ _____

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

a. Held by Brokers:

Brokerage Firm or Institution	Acct. #	Joint Owner (if any)	\$
_____			\$ _____
_____			\$ _____
_____			\$ _____

b. Privately Held:

Company/Issuer	# Shares	Joint Owner (if any)	\$
_____			\$ _____
_____			\$ _____

3. Automobiles:

Year/Make/Model	VIN	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	Approximate Current Balance
_____			\$ _____
_____			\$ _____

2. Unsecured debts:

Obligor/Payee	Acct. No.	Solely/Jointly Owed	Approximate 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:	\$	

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 Caregivers/Cleaning Personnel:	\$	
Taxes:	\$	
Accountant/Legal Fees:	\$	
Other (specify): _____	\$	
TOTAL EXPENSES _____	\$	-

Is the Ward behind in any debt payments? _____ If yes, Payee and Amount:

The following extraordinary purchases are anticipated next year:

SUMMARY

1.	Average Monthly Income	\$	-
2.	Average Monthly Expenses	\$	-

WARD NAME: _____

CASE # _____

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:

Therefore, based upon the expenses shown above, the Conservator(s) hereby requests(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.

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.

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/Probate Court Clerk

Printed Name

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

Co-Conservator (if any)

Notary/Probate Court Clerk

Printed Name

Vickie B. Burnette, Judge
Probate Court of Thomas County
P. O. Box 1582
Thomasville, Georgia 31799
Phone: (229) 225-4116
Fax: (229) 227-1698

ADULT CONSERVATORSHIP INVENTORY AND ASSET MANAGEMENT PLAN

WHEN TO FILE:

- Initial Filing: Within 60 days after the date that you became conservator.
- Annually: Within 60 days of the date that you were appointed conservator each year.

FEES:

Filing Fee	\$30.00
Recording Fee	<u>10.00</u>
Total	\$40.00

TIPS:

If there is more than one Conservator, make sure both sign the form.

All signatures must be notarized. Any of our Probate Court Clerks will be glad to notarize your signature at no charge.