

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.

Clayton County Probate Court
121 S. McDonough Street Annex Bldg. 3
Jonesboro, GA 30236
770/477-3299

PROBATE COURT OF CLAYTON COUNTY

STATE OF GEORGIA

ADULT CONSERVATORSHIP INVENTORY AND ASSET MANAGEMENT PLAN

WARD: _____ ESTATE NO. _____

WARD'S ADDRESS _____

This address is _____ is not _____ a new address

CONSERVATOR(S): _____

CONSERVATOR'S ADDRESS _____

This address is _____ is not _____ a new address

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 | \$ _____ |
| Electricity/Gas | \$ _____ |
| Water/Garbage and Sewer | \$ _____ |
| Telephone | \$ _____ |
| Repairs and Maintenance | \$ _____ |
| Lawn Care/Pest Control | \$ _____ |
| Cable TV/Internet | \$ _____ |

Miscellaneous household and grocery \$ _____
Meals outside home \$ _____
Total credit account payments \$ _____
Other monthly debt payments \$ _____
Other (specify) \$ _____

Automotive/Transportation

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 \$ _____

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) | \$ _____ |
| <u>Total Expenses</u> | \$ _____ |

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 <\$ _____>
- 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: _____

(initial:)

_____ 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. 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.

(Please be advised this is the amount you are requesting. The Conservator is not authorized to disburse funds until the court approves your request. The court may or may not schedule a hearing in this matter. You will be notified at the address on this document of any hearing and the decision the court makes.)

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

IN THE PROBATE COURT OF CLAYTON 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 the sum of \$_____ per month for the support of the Ward and his/her dependents.

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

IT IS FURTHER ORDERED that to the extent that such sum exceeds, in any month, the current income, authority to encroach is hereby granted; to the extent that current income, in any month, exceeds such sum, the Conservator(s) is/are hereby limited to expending such sum.

SO ORDERED this _____ day of _____, 20_____.

JUDGE PAM FERGUSON
Clayton County Probate Court

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Jonesboro, GA 30236
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