

**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.

GEORGIA PROBATE COURT  
STANDARD FORM

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)

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\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

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:

### 3. Automobiles:

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

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\_\_\_\_\_ \$ \_\_\_\_\_  
\$ \_\_\_\_\_

#### 4. Other assets of significant value:

Other assets of significant value:	Joint owner (if any)
	\$ _____
	\$ _____
	\$ _____

## TOTAL VALUE OF PERSONAL AND INTANGIBLE PROPERTY

58

**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)	\$ _____
<b>Total Expenses</b>	\$ _____

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

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