IN THE MUSCOGEE COUNTY PROBATE COURT

STATE OF GEORGIA

In Re: ________________________,	)	
	)	Case No.: ___________________
Adult Ward.	)	

ANNUAL RETURN OVERVIEW

Beginning Balance: (Should match ending balance from prior reporting period)	________________________
Plus Receipts: (Do not include transfers between accounts)	________________________
Minus Disbursements: (Do not include transfers between accounts)	________________________
Ending Balance:	________________________

CALCULATION OF COMMISSION (VA Guardian)

Total Receipts for Return Period: (Do not include transfers from Ward's accounts)	________________________
Times 5%	X .05
Total Commission Due:	________________________

CALCULATION OF COMMISSION (Court Conservator)

Total Value of Estate:	_______________	x 1/2 % (.005) =	________________________
Total of Interest Receipts:	_______________	x 10% (.1) =	________________________
Total of Other Receipts: (Use number above)	_______________	x 2.5% (.025) =	________________________
Total of Disbursements (Use number above and subtract commissions)	_______________	x 2.5% (.025) =	________________________
Total Commission Due:			________________________

IN THE PROBATE COURT OF MUSCOGEE COUNTY
STATE OF GEORGIA

ESTATE NO. ______________

RETURN

Return, Adult Conservatorship Inventory and Asset Management Plan

☐ ANNUAL REPORT
☐ FINAL REPORT

Ward: ______________________________
Conservator(s): ______________________________

PERIOD FROM: ______________________________ TO: ______________________________

REAL PROPERTY
(Indicate if property is jointly owned and with whom)

REAL ESTATE	PROPERTY ADDRESS OR DESCRIPTION	APPROXIMATE EQUITY
Parcel One:		
Parcel Two:		
Parcel Three:		
Parcel Four:		
	TOTAL APPROXIMATE EQUITY IN REAL ESTATE	

INCOME FROM ALL SOURCES

	Yearly Total for This Reporting Period	Projected Yearly Total for the Next Reporting Period
Social Security per year		
SSI (Supplemental Security Income) per year		
Retirement benefits per year (give source)		
Retirement benefits per year (give source)		
VA benefits per year		
Other income per year, including, e.g., alimony, annuity, or trust distributions (give source)		
Interest		
Dividends		
Rent from Investment Properties		
Other Income (specify)		
TOTAL		

Is Social Security income received as representative payee? Yes ☐ No ☐

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)

VALUES ON THIS PAGE SHOULD REFLECT BALANCES AS OF THE END OF THE REPORTING PERIOD.

1. CHECKING/SAVINGS/MONEY MARKET/CERTIFICATES OF DEPOSIT/LIQUID ACCOUNTS:

Bank/Financial Institution/Broker	Account Type	Acct. No.	Joint Owner (if any)	VALUE
			TOTAL VALUE OF ACCOUNTS	

*******Include a ONE PAGE bank statement for each account showing the balance on hand on the anniversary date (or as close to the anniversary date as possible). The total of all checking, savings, money market, certificates of deposit, and other liquid accounts should equal the net balance on hand shown on page 6.**

2. STOCKS/BONDS/INVESTMENTS (including retirement and profit-sharing accounts):

a. held by brokers:

Brokerage Firm or Institution	Investment Type	Acct. No.	Joint Owner (if any)	APPROXIMATE VALUE
TOTAL APPROXIMATE VALUE OF SECURITIES HELD BY BROKER				

Show account statements describing the value of these assets on the anniversary date (or as close to the anniversary date as possible).

b. privately held:

Company/Issuer	No. of Shares	Acct. No.	Joint Owner (if any)	APPROXIMATE VALUE
TOTAL APPROXIMATE VALUE OF SECURITIES HELD BY BROKER				

Show account statements describing the value of these assets on the anniversary date (or as close to the anniversary date as possible).

3. AUTOMOBILES:

Year/Make/Model	V.I.N.	Joint Owner (if any)	APPROXIMATE VALUE
TOTAL APPROXIMATE VALUE OF AUTOMOBILES			

4. OTHER ASSETS OF SIGNIFICANT VALUE:

Description	Joint Owner (if any)	APPROXIMATE VALUE
TOTAL APPROXIMATE VALUE		

5. MISCELLANEOUS: List all other non-cash assets in this section.

COMMENTS/EXPLANATIONS ABOUT ANYTHING ON THIS RETURN:

DEBTS AND OTHER LIABILITIES (The ward owes the following debts/liabilities:)

1. Secured debts:

Obligor/Payee	Collateral	Joint Owner (if any)	Approx. Current Balance
TOTAL APPROXIMATE BALANCE OF SECURED DEBTS			

2. Unsecured debts:

Obligor/Payee	Account No.	Joint Owner (if any)	Approx. Current Balance
TOTAL APPROXIMATE BALANCE OF UNSECURED DEBTS			

TOTAL DEBTS AND OTHER LIABILITIES OF WARD ____________________

Current Amount of Bond: ____________________

LIABILITIES AND EXPENSES

This section of the return will give the court an accounting of how funds were spent during the reporting period covered by this return. You will also give a projected monthly and a projected yearly approximation of expenses to be incurred during the next reporting period following the one covered by this return. The Probate Court will use this information to decide whether or not to approve the conservator's proposed budget.

Disbursements from the reporting period covered by this return MUST be EXACT FIGURES. Approximations are not acceptable. However, the projected expenses for the next reporting period may be approximations based on current average monthly expenditures.

Household	Yearly Expenditures for Current Reporting Period		Projected MONTHLY Expenditures	Projected YEARLY Expenditures
Care Facility Type of Facility: ________________ Facility:				
Rent (Payee):				
Mortgage Company:				
Property taxes				
Property Insurance				
Electricity/Gas				
Water/Sewer				
Garbage				
Telephone				
Repairs and Maintenance				
Lawn Care/Pest Control				
Cable TV				
Internet				
Groceries				
Miscellaneous household				
Meals outside home				
Total credit account payments				
Other monthly debt payments				
Other (specify)				
Automotive/Transportation				
Car Note (Payee):				
Gasoline and Oil				
Repairs				
Tags and license fees				
Insurance (Payee):				
Bus/train/taxi fares				

CONTINUED FROM PREVIOUS PAGE	Yearly Expenditures for Current Reporting Period		Projected MONTHLY Expenditures	Projected YEARLY Expenditures
Minors or Other Dependents of the Ward				
Child Care (Payee):				
School Tuition/Supplies/Expenses/Lunches				
Clothing/Diapers/Grooming/Hygiene				
Medical/Dental/Prescription				
Entertainment/Activities				
Other Insurance for the Ward				
Health Insurance Payee:				
Life Insurance Payee: ________________________ Date established: _______________ Beneficiary:				
Disability Insurance Payee:				
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)				
Miscellaneous (specify)				
TOTAL EXPENSES				

Note: If you are taking commissions, you must attach a separate sheet showing your calculations. However, you may show the total commissions taken in the Miscellaneous category above.

Is the ward behind in any debt payments? (Yes/No)

If yes, please provide the Court the name of the payee(s), nature of the debt(s) and amount(s):

PROJECTED BUDGET SUMMARY

For the next reporting period (period just beginning).

1. Projected Yearly Total Income (From Page 1) ________________
2. Projected Yearly Expenditures (From Page 5) ________________

3. Income Less Total Expenses (positive or negative figure) ________________
   Subtract Line 2 From Line 1

YEARLY SUMMARY OF ACTUAL INCOME & EXPENDITURES

For reporting period just ended.

1. Cash Balance from Previous Return ________________
2. Yearly Total of All Income (From Page 1) ________________
3. TOTAL RECEIPTS (Total of Lines 1 and 2) ________________

4. Total Yearly Expenditures for This Reporting Period ________________
   (From Page 5, Previous Page)
5. Net Cash Balance on Hand (Subtract Line 4 From Line 3) ________________

The Net Cash Balance on Hand should equal the total of all checking, savings, money market, certificates of deposit, and other liquid accounts shown on in Item 1 on Page 2.

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:

Therefore, based upon the income and expenses shown above, the Conservator(s) hereby request(s) approval of the proposed budget.

AFFIDAVIT

As Conservator(s) of the above Ward, I/We do swear that the foregoing Return and Inventory and Asset Management Plan contains a just, true, and complete accounting of the receipts and disbursement incurred in managing the estate during the just-ended reporting period, as well as an inventory and proposed budget of all property belonging to said Ward within my/our possession, control, or knowledge.

CERTIFICATE OF MAILING

I/We hereby certify that I/we have mailed a copy of this return by first class mail to the surety on my/our bond, the ward, and the ward's guardian, if any.

Signature of Attorney: ______________________________

Typed/Printed Name: ______________________________
Address: ______________________________
____
____
____
____
Phone: ______________________________
State Bar Number: ______________________________

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

____
Conservator

____
Notary Public/Clerk of Probate Court

____
Printed Name

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

____
Co-Conservator, if any

____
Notary Public/Clerk of Probate Court

____
Printed Name

IN THE PROBATE COURT OF MUSCOGEE COUNTY
STATE OF GEORGIA

IN RE:	)	**ESTATE NO. __________**
	)	
______________________________,	)	**ADULT CONSERVATORSHIP**
WARD	)	**INVENTORY, ASSET MANAGEMENT**
	)	**PLAN & RETURN**
______________________________,	)	
CONSERVATOR(S)	)	

ORDER

The Conservator filed the above-referenced Annual Return and attached documents and no objection was filed by any interested party within 30 days of the filing, and the Court has reviewed the Annual Return and attachments and made no findings of waste of the Ward's property or failure to comply with applicable law which warrant a hearing or any further action by the Court.

Wherefore it is Ordered that the Annual Return with the attached Inventory and Asset Management Plan shall be filed in the confidential estate file.

It is further Ordered that:

☐ a. 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 the Ward's dependents.

☐ b. The Conservator(s) is/are authorized to disburse from the Ward's estate 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 Conservator(s) is/are authorized to disburse from the Ward's estate 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.

☐ d. Since the expenditures on the proposed annual budget for next year exceed the expected income and interest earned, the Court approves the type and amounts of expenditures shown on the budget as being for the benefit of the Ward and the Ward's dependents, if any.

It is further Ordered that the Conservator show in the following year's Annual Return how such funds actually were spent.

______________________________	______________________________
Date	Probate Judge