

**IN THE PROBATE COURT OF TATTNALL COUNTY
STATE OF GEORGIA**

MINOR: _____

ESTATE NO. _____

CONSERVATOR(S):

**MINOR CONSERVATORSHIP INVENTORY
AND ASSET MANAGEMENT PLAN SHORT FORM**

A. INVENTORY Approximate Current Value

1. Checking/Savings/Money Market/Certificates of Deposit/Liquid Accounts:

| Bank/Financial Institution/Broker | Acct. No. | \$ |
|-----------------------------------|-----------|----------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

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

| Brokerage Firm or Institution | Acct. No. | \$ |
|-------------------------------|-----------|----------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

3. Real Estate:

| Brief Description | Minor's Interest Co-Owner(s) | \$ |
|-------------------|------------------------------|----------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

4. Personal Property (Vehicles, furniture, etc.):

| Description | \$ |
|-------------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |

TOTAL ASSET VALUE: \$ _____

B. ESTIMATED MONTHLY INCOME FROM ALL SOURCES

| | |
|------------------------------------------|----------|
| Interest, dividend, or investment income | \$ _____ |
| Social Security | \$ _____ |
| Other (describe) _____ | \$ _____ |

TOTAL AVERAGE MONTHLY INCOME:

\$ _____

The minor:

_____ I. is not a beneficiary of a Trust

_____ II. **is** a beneficiary of a Trust, and the following is the name of the Trust, the Trustee, his/her address, and telephone number; state when and how payments are required to made under the Trust and the criteria for payment (attach outline if necessary): _____

_____.

C. BUDGET

I/We plan during the following reporting year (initial one)

_____ a. not to expend any of the minor's funds but to allow it to accumulate; OR

_____ b. to expend the **interest earned** on the minor's estate for the following purposes: _

_____ ; OR

_____ c. **regardless** of interest earned, to expend from the minor's estate the sum of \$_____ per month for the following purposes: _____

_____ ; and

If b. or c. above is selected, the following is the monthly estimated expenses for the care, support, health and education of the minor:

| | |
|-------------------------------------------|-----------------|
| Room and board allowance: | \$ _____ |
| Child care: | \$ _____ |
| School Tuition/Supplies/Expenses/Lunches: | \$ _____ |
| Clothing/Diapers/Grooming/Hygiene: | \$ _____ |
| Medical/Dental/Prescription: | \$ _____ |
| Health/Life/Disability Insurance: | \$ _____ |
| Entertainment/Activities: | \$ _____ |
| Personal Caretakers/Home Health Care: | \$ _____ |
| Transportation | \$ _____ |
| Miscellaneous: | \$ _____ |
| Average Monthly Expenses | \$ _____ |

SUMMARY

| | |
|------------------------------------------|-----------------|
| 1. Average Monthly Income | \$ _____ |
| 2. Monthly support provided by parent(s) | \$ _____ |
| Subtotal | \$ _____ |
| 3. Less Average Monthly Expenses | - _____ |
| Requested spending amount | \$ _____ |

D. ASSET MANAGEMENT PLAN

I/We plan to: (initial one)

- _____ a. maintain the investment plan for the minor’s assets as indicated in the above Inventory,
OR
- _____ b. expend the amount requested above and maintain and invest the remaining funds as
authorized by law or in accordance with an investment plan approved by the court.

E. AFFIDAVIT

I/We, _____, Conservator(s) of the above minor, 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 minor within my/our possession, control, or knowledge, in addition to the financial information of the parent(s), if provided. 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 TATTNALL COUNTY
STATE OF GEORGIA**

IN RE: _____) **ESTATE NO.** _____
)
) **ASSET MANAGEMENT PLAN**
MINOR _____)
)
)
)
CONSERVATOR(S) _____)
)

ORDER

The Conservator(s) having filed an Inventory/Asset Management Plan for the above estate on _____, 20____,

IT IS HEREBY ORDERED that said Inventory/Asset Management Plan is hereby **APPROVED.**

(initial if applicable)

_____ **IT IS FURTHER ORDERED** that Conservator(s) is/are authorized to disburse from the minor's estate

_____ a. the sum of \$_____ per month for the support of the minor.

_____ b. the income for the support of the minor.

_____ c. a one time lump sum distribution of \$_____ for the following purpose:_____.

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_____.

HON. GLORIA P. DUBBERLY
Judge, Tattnall County Probate Court

FILED: _____
DATE

CLERK