

IN THE CHANCERY COURT OF _____ COUNTY
_____ JUDICIAL DISTRICT

IN RE: CONSERVATORSHIP FOR

Case No. _____

ANNUAL ACCOUNTING

On _____, the Court appointed _____ to serve as conservator for _____. The attached Exhibit A is an annual accounting of the estate from _____ to _____. The following is a summary:

Starting Balance

Total Assets at Start of Accounting Period _____

Receipts

Schedule A _____

Disbursements

Schedule B _____

Capital Transactions & Adjustments

Schedule C (Net Gain or Loss) _____

Ending Balance

Schedule D (Cash and Other Assets) _____

Unless waived by the Court, the next accounting is due on or before _____
(one year from the date of this accounting).

Respectfully submitted,

By: _____
Conservator's Name

By: _____
Attorney's Name and Bar No.
Address
Phone
Email

I certify that on this date, I served a copy of this annual accounting as set forth in Section 423(5)

to _____, by _____ (method of service).

This the ____ day of _____.

Attorney's Name

GENERAL INFORMATION

Ward's Contact Information

Name: _____ Date of Birth: _____

Address: _____

(Include name of living center or nursing home, if applicable)

City: _____ State: _____ Zip Code: _____

Phone: Residence _____ Work _____ Cell _____

Email: _____

Last four digits of Social Security No. _____

Spouse and Family Contact Information

Spouse Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Residence _____ Work _____ Cell _____

Email: _____

Child Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Child Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Child Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Child Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Conservator's Contact Information

Name: _____ Date of Birth: _____
Occupation: _____ Relationship to Ward: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: Residence _____ Work _____ Cell _____
Email: _____
Last four digits of Social Security No. _____

Other Information

Please provide the following:

- (1) Has a conservator been appointed for the person/estate? Yes No
If yes, provide the conservator's name, address, and phone number.

- (2) List the ward's liabilities.

- (3) List services provided to the ward.

- (4) Have you deviated from the approved plan? Yes No
If yes, please explain how and why.

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- (5) Do you recommend that the conservatorship continue? Yes No
Do you recommend any changes to the conservatorship's scope? Yes No
Please explain as needed.

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- (6) Do you believe the estate's assets are sufficient to provide for the ward's present and future care? Yes No
Please explain as needed.

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- (7) Please list anything of significant value which the conservator, any individual who resides with the conservator, or the spouse, parent, child, or sibling of the conservator has received from a person providing goods or services to the ward.

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- (8) Please disclose any business dealings the conservator has with a person the conservator has paid or that has benefitted from the property of the ward.
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(9) Is any co-conservator or successor conservator appointed to serve when a designated event occurs alive and able to serve? Yes No
If yes, please state that person's name.

(10) Unless bond either has been waived or is not required, state the amount and attach a copy of the bond to the accounting.

(11) Do you anticipate filing a supplemental accounting? Yes No

(12) Please describe any significant changes since the last inventory/accounting and provide any other information you believe the Court should know.

RECEIPTS

Schedule A

Date	Payor	Brief Description	Amount
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Redact all but the last four digits of any social-security number or financial-account number.

Schedule A should list only items received during the accounting period. Examples include:

- interest and dividends,
- social security,
- capital gains, and
- retirement accounts.

The sale or acquisition of assets or other adjustments should be shown on Schedule C.

DISBURSEMENTS

Schedule B

Check No.	Date	Payee	Purpose/Brief Description	Court Order Date	Amount
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*Redact all but the last four digits of any social-security number
or financial-account number.*

Schedule B should list only items paid out during the accounting period. Examples include:

- living expenses,
- housing expenses
- nursing home/assisted living expenses,
- medical expenses, and
- health insurance premiums.

Receipts should be attached to Schedule B for all cash expenditures. The sale or acquisition of assets or other adjustments should be shown on Schedule C.

CAPITAL TRANSACTIONS & ADJUSTMENTS

Schedule C

Date	Brief Description	Net Gain	Net Loss
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*Redact all but the last four digits of any social-security number
or financial-account number.*

Schedule C should show all asset purchases, sale of assets, and any adjustments.

ENDING BALANCE

Schedule D

Cash	Estimated Value
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Cash Total _____

Assets Other Than Cash	Estimated Value
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Other Assets Total _____

Total Cash and Other Assets _____

*Redact all but the last four digits of any social-security number
or financial-account number.*

Schedule D should list all assets on hand. Legal descriptions, account numbers, certificate numbers, or other identification must be provided where proper.

For money, bonds, or other securities negotiable by delivery, include the name of the bank or institution where the asset is deposited or kept. UCCR 6.03. Verification of account balances in the form of statements issued by the depository showing the balance at the beginning of the accounting period, and the most recent statement for the end of the accounting period.

For loans, state to whom and when the loan was made, the unpaid amount, how secured, whether all taxes have been paid on the property mortgaged or pledged as security, and whether the security is sufficient. UCCR 6.03.

AFFIRMATION

Under penalties of perjury, the undersigned conservator(s) declare(s) that I (we) have read and examined this accounting and that the facts and figures set forth in the summary and attached schedules are true, to the best of my (our) knowledge and belief, and that it is believed to be complete and accurate as far as information permits.

Signed on _____, _____.

By: _____

Conservator's Name

By: _____

Attorney's Name and Bar No.

Address

Phone

Email