

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

**INVENTORY AND ASSET MANAGEMENT PLAN FOR MINOR
CONSERVATORSHIP**

The Inventory and Asset Management for Minor Conservatorship is to be filed with the Court 60 days after the date the Letters of Conservatorship issued and annually on the date the Letters of issued.

The fee for filing the inventory is \$40.00 payable by check or money order to the Fayette County Probate Court.

The document must be fully completed and signed by the Conservator and notarized, and the original sent to:

Fayette County Probate Court
ATTN: Meghan Martino
1 Center Drive
Fayetteville, GA 30214

PROBATE COURT OF _____ 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) _____	\$ _____
<u>TOTAL AVERAGE MONTHLY INCOME:</u>	<u>\$ _____</u>

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

Printed Name

My Commission Expires: _____

Email Address

Sworn to and subscribed before
me this ____ day of _____, 20 ____.

Co-Conservator, if any

NOTARY/CLERK OF PROBATE COURT

Printed Name

My Commission Expires: _____

Email Address

IN THE PROBATE COURT OF _____ COUNTY
STATE OF GEORGIA

IN RE: _____) ESTATE NO. _____
)
)
MINOR _____) ASSET MANAGEMENT PLAN
)
)
_____)
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____.

Probate Judge

FILED: _____
DATE

DEPUTY CLERK