

**PROBATE COURT OF BARROW 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.	
_____	_____	\$ _____
_____	_____	\$ _____

\$ _____

TOTAL: **\$ _____**

B. ESTIMATED MONTHLY INCOME FROM ALL SOURCES

Interest, dividend, or investment income \$ _____

Social Security \$ _____

Other (describe) _____ \$ _____

TOTAL: **\$ _____**

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 for the care, support, health and education of the minor as indicated below:

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 (Section B) \$ _____

2. Monthly support provided by parents \$ _____

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: _____

Sworn to and subscribed before me this _____ day of _____, 20_____. _____
Co-Conservator, if any

NOTARY/CLERK OF PROBATE COURT Printed Name
My Commission Expires: _____

**IN THE PROBATE COURT OF BARROW 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_____.

Probate Judge

**PROBATE COURT OF BARROW COUNTY
STATE OF GEORGIA**

MINOR: _____

EST/

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.

\$ _____

\$ _____

\$ _____

TOTAL: \$ _____

B. ESTIMATED ANNUAL INCOME FROM ALL SOURCES

Interest, dividend, or investment income \$ _____

Social Security \$ _____

Other (describe) _____ \$ _____

TOTAL: \$ _____

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 be 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;
 (complete section [d] below); OR
 _____ c. **regardless** of interest earned, to expend from the minor=s estate the sum of \$_____ per month for the care, support, health and education of the minor as indicated below:

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:	\$ _____
Total Expenses	\$ _____

SUMMARY

- | | |
|----------------------------------------|-----------|
| 1. Average Monthly Income (Section B) | \$ _____ |
| 2. Monthly support provided by parents | \$ _____ |
| 3. Average Monthly Expenses | <\$ _____ |

>

Requested spending amount (a. or b. above) \$ _____

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: _____

Sworn to and subscribed before
me this _____ day of _____, 20_____. _____
Co-Conservator, if any

NOTARY/CLERK OF PROBATE COURT Printed Name
My Commission Expires: _____