

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 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: _____

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

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

(initial if applicable)

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

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

SO ORDERED this _____ day of _____, 20____.

FILED: _____
DATE _____

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