**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. AddressPhoneEmail |

CERTIFICATE OF SERVICE

 I certify that on this date, I served a copy of this annual accounting as set forth in § 93-20-423(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:

Exhibit A

**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 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) If a plan was ordered, have you deviated from the approved plan? □ Yes □ No
If yes, please explain how and why.

(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.

(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.

(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.

(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.

(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

*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

*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

*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

Cash Total \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Assets Other Than Cash Estimated Value

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 shall be attached.

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. AddressPhoneEmail |