

CONSERVATOR'S ANNUAL ACCOUNTING

Court File #: _____

Date of Appointment: The ____ day of _____, 201__

Accounting period covers: _____, 201__ to
_____, 201__

_____ (name of conservator), Conservator for _____ (name of minor or protected person) (hereinafter, "person") states:

1. The conservator's services provided to the person during the accounting period were:

2. The conservator's significant actions on the person's behalf were:

3. The conservator's recommendations as to the need for continued conservatorship and any recommended changes in the scope of the conservatorship are:

4. An inventory of the person's estate is set forth on Exhibit A and an accounting of the receipts, disbursements, and distributions from the estate of the person during the accounting period is set forth on Exhibit B.

5. The compensation requested and the reasonable and necessary expenses incurred by the conservator are:

6. Other information requested by the court or useful in the opinion of the conservator are:

Dated this ____ day of _____, 201 ____.

Signature of Conservator

EXHIBIT A
ANNUAL INVENTORY

PERSONAL PROPERTY	CURRENT VALUE
Checking Accounts:	\$
	\$
Savings Accounts:	\$
	\$
Cash:	\$
Stocks and Bonds:	\$
Burial Trust Account:	\$
Motor Vehicles:	\$
	\$
Household Appliances:	\$
Furniture:	\$
Personal Property Purchased During this Accounting Period:	\$
	\$
Other:	\$
	\$
Total Personal Property:	\$
REAL PROPERTY	
Real Property (Location and Description):	\$
	\$
Total Real Property:	\$
GRAND TOTAL OF ALL PROPERTY:	\$

**EXHIBIT B
RECEIPTS AND DISBURSEMENTS**

RECEIPTS		DISBURSEMENTS	
<i>Beginning Balance</i> Date: _____, 201__	\$ _____		
SSI Benefits	\$	Attorney Fees	\$
Social Security Benefits	\$	Accountant Fees	
Dividends	\$	Conservator Fees	\$
Interest	\$	Room and Board	\$
Lease Payments or Rent Received	\$	Doctors/Hospital	\$
Earnings/Wages	\$	Dentist	\$
Gifts Received	\$	Medications	\$
Other:	\$	Clothing	\$
		Hygiene/Personal Care	\$
		Recreation	\$
		Personal Spending	\$
		Income Taxes	\$
		Property Taxes	\$
		Insurance	\$
		Bond Premium	\$
		Other:	\$
Total Receipts	\$ _____	Total Disbursements	\$ _____
<i>Ending Balance</i> Date: _____, 201__	\$ _____		

Recapitulation

Beginning Balance \$ _____

Plus Total Receipts + \$ _____

Less Total Disbursements - \$ _____

Must equal Ending Balance = \$ _____