# PROBATE COURT OF BIBB COUNTY

# Instructions for Completing Annual/Final Return of Conservator

- \$ Returns of conservators must be full, complete and accurate. Estimates and rounding are **not** permitted.
- The return is a report of every receipt and every expenditure of cash and is similar to a simple check register on a personal bank account.
- \$ If all funds are deposited into the conservatorship account(s) and all payments are made by check or drafts from those account(s), completing the return should be no more difficult than transferring the information from the bank records to these forms.
- It is the responsibility of the conservator to fully and properly complete the returns required. It is not the responsibility of court staff to prepare or correct returns. Incorrect, incomplete or unbalanced returns will simply be returned to the conservator for completion or correction.
- \$ Please NOTE: all returns must be typed or legibly printed in black ink. Illegible returns will NOT be accepted for filing.

# Page 1 of Return

- 1. Enter the name(s) of the Conservator(s) on the line in the box at the top of Page 1.
- 2. Enter the Docket No. (the case number) on the line indicated.
- 3. Enter the **Name** of the Ward or Minor on the line indicated.
- 5. Circle AFinal@ or AAnnual@ to indicate the type of return.
- 6. Enter the dates covered by the return. If this is the *first* return, the beginning date will be the date of your appointment. If this is not the first return, the beginning date will be the ending date from the last return.
- 7. Complete the Combined Summary Accounting.
  - A. Enter the total beginning balance from the last accounting. If this is the *first* return, the beginning balance is zero; everything received will be reported under Receipts.
  - B. Enter the Total Receipts in all accounts for the period covered by the return. Include all money and accounts initially transferred to and/or deposited into the conservatorship account(s) and all additional money received. Include all income received from all sources and all interest paid on any accounts or deposits. Alf you received it, you must report it.0
  - C. Add the beginning balance and the Receipts, and enter the Subtotal.
  - D. Enter the Total Expenditures from all accounts for the period covered by the return. Include all money spent or paid out, including any amounts automatically deducted from accounts and any bank charges, check printing charges, service charges or other fees. Include also any money paid out in cash (a practice discouraged by the court). **Alf you spent it, you must report it.** @
  - E. Subtract the Expenditures from the Subtotal, and enter the ending balance on the next line.
- 8. You are REQUIRED to file with each Return and updated Inventory and Asset Management Plan. Check the box to indicate that you have attached it to your Return.
- 9. Complete and sign the Verification. Your signature must be notarized or be witnessed by a Probate Court Clerk. Include the full information on how you may be contacted if there are any questions about your return.
- 10. Remainder of Page 1 is to be completed by Court staff.

### Page 2 of Return

## 1. Transaction Register(s)

- A. Complete a **TRANSACTION REGISTER** [Page 2] for **EACH** conservatorship account for the full period covered by your Return. If all transactions for the period covered will not fit on one page, make copies of Page 2. The period covered for each account must be the same.
- B. If you prefer, instead of the Transactions Register, you may attach a printed and complete computer software transaction report for each conservatorship account, provided it includes all of the required information.
- C. You **MUST** report and show all receipts and all expenditures. Any money you received, from any source, is a A**Receipt**,@ and any money you spent or paid out is an A**Expenditure**.@ Be sure to include any money automatically deposited into an account and any interest earned on an account. Also be sure to include any

automatic payments from an account and all service charges, check printing charges and other bank fees.

D. If you have more than one account, use the following Worksheet to combine the amounts from all accounts into totals for the Combined Summary on Page 1.

#### WORKSHEET TO RECAP ALL ACCOUNTS

If you have more than one account, before entering the amounts in the Combined Summary on Page 1, complete the following RECAP:

| BEGINNING BALANCES:                        |
|--|
|  |
| Account No                                 |
| Account No.                                |
| Account No.                                |
| Account No                                 |
| TOTAL BEGINNING BALANCES (Enter on Page 1) |
| RECEIPTS:                                  |
| Account No                                 |
| Account No.                                |
| Account No.                                |
| Account No.                                |
| TOTAL RECEIPTS (Enter on Page 1)           |
| EXPENDITURES:                              |
| Account No                                 |
| Account No                                 |
| Account No                                 |
| Account No                                 |
| TOTAL EXPENDITURES (Enter on Page 1)       |
| ENDING BALANCES:                           |
| Account No.                                |
| Account No                                 |
| Account No.                                |
| Account No                                 |
| TOTAL ENDING BALANCES (Enter on Page 1)    |

# Page 3 of Return

- 1. **Bank Account Verifications:** The balances in all accounts must be verified. A certificate signed by a bank employee for each account is required unless you provide the court an **original** bank statement for the account showing the account balance on the ending date of the return. The bank statement will be returned to you after being copied by the staff.
- 2. **Verification of Investments:** All investments held by a broker or financial institution must be verified. A certificate signed by an employee of each brokerage firm or institution is required unless you provide the court an **original** statement of holdings showing the investments held on the ending date of the return. The statement will be returned to you after being copied by the staff.

Serving as Conservator for another is an important job. It should be taken seriously. As a Conservator, you have taken an oath of office by which you have agreed to perform your duties as a Conservator in compliance with Georgia law. It is YOUR DUTY to file a Return each and every year as long as you serve as Conservator. It is the responsibility of the Court and its staff to assure that EVERY Conservator complies with this requirement.

| IN THE PROBATE COURT OF BIBB COUNTY, GEORGIA  |                 |                                |                             |
|---|-----------------|--------------------------------|-----------------------------|
|   | DOCK            | ET NO.                         |                             |
| Conservator(s)  | DOCK            | EI NO.                         |                             |
|   |                 |                                |                             |
| IN THE MATTER OF THE ESTATE OF ) <u>Final</u>   | - Annual        | RETURN OF CON                  | SERVATOR                    |
| )   |                 | t o                            | <u>.</u>                    |
| Ward/Minor  | From            | t o                            | То                          |
|   |                 |                                |                             |
| COMBINED SUMMARY<br>TRANSACTIONS  |                 |                                |                             |
| A. CASH BALANCES FROM ALL ACCOUNTS FROM<br>LAST ACCOUNTING  | \$              |                                |                             |
| B. ADD TOTAL DEPOSITS/RECEIPTS FOR ALL ACCOUNTS   | \$              |                                |                             |
| C. SUBTOTAL   |                 | \$                             |                             |
| D. SUBTRACT TOTAL WITHDRAWALS FROM ALL ACCOUNTS   |                 | \$                             |                             |
| E. CASH BALANCES IN ALL ACCOUNTS AT END OF<br>REPORTING PERIOD  |                 |                                | \$                          |
| (Check here) I/We have attached hereto an upda  | nted Inventor   | v and Asset Managem            | ent Plan (Required)         |
| <u> </u>  |                 |                                |                             |
| VERIFICATION AND CERTIFICATION BY CONSERVATOR(S) STATE OFGEORGIA COUNTY OF BIBB   |                 |                                |                             |
| I/We,, being dul  | v sworn, depose | and say that I am/we are the   | e Conservator(s) for the    |
| Minor/Ward named above, that I/we now reside at   |                 |                                |                             |
| full and true account of the estate for the period stated, to the best of   |                 |                                |                             |
| all bond premiums due have been paid to date; that all income tax ret   | urns required h | ave been filed to date; and th | hat all taxes, including ad |
| valorem taxes, have been paid to this date.   |                 |                                |                             |
| For purposes of contacting me/us with regard to this return, my   | •               | • • • •                        | ,                           |
| my/our evening telephone number(s) is/are   |                 |                                |                             |
| , and my/our email address(es) is/are   |                 |                                |                             |
| I/We also serve as guardian(s) of the ward/minor, and the   |                 | Report () is filed simultane   | eously herewith ( ) was     |
| previously filed on() is not due at the same time as this Return.   |                 |                                |                             |
| I/We certify that copies of this Return have been mailed by me/us to the Guardian of the Minor/Ward, if one and if different than the Conservator(s) and to the Surety on the bond of the Conservator(s). |                 |                                |                             |
| the conservator(s) and to the Survey on the bond of the Conservator(s).   |                 |                                |                             |
| Sworn to and subscribed before me on  |                 |                                |                             |
| (Notary or Clerk, Probate Court)  |                 | Signatures of Conservato       | or(s)                       |
|   |                 |                                |                             |
| Recorded in Imaged Records<br>PROBATE COURT OF BIBB COUNTY  |                 | RETURN FIL                     | LED                         |
| Docket No Filed   |                 |                                | <u>.</u>                    |

(Dep.) CLERK

Date Imaged: \_

| Bank: |              | TRANSACTION REGISTER  Account No. Account Type: Che Include all sums deposited into and paid or deducted from the account         | ecking Savings _<br>t, including automat | Money Marketic deposits,                      | Other   |
|-------|--------------|---|--|---|---------|
|       |              | automatic withdrawals and all bank charg  | ges.                                     | •   |         |
| DATE  | CHECK<br>NO. | Transaction Description Show source of all receipts/deposits. Show check number, payee and purpose of all expenditures/deductions | Deposit, Credit<br>(Additions)           | Payment, Fee,<br>Withdrawal<br>(Subtractions) | BALANCE |
|       |              | Beginning Balance [See Note on Page 2]  |  |   |         |
|       |              |   |  |   |         |
|       |              |   |  |   |         |
|       |              |   |  |   |         |
|       |              |   |  |   |         |
|       |              |   |  |   |         |
|       |              |   |  |   |         |
|       |              |   |  |   |         |
|       |              |   |  |   |         |
|       |              |   |  |   |         |
|       |              |   |  |   |         |
|       |              |   |  |   |         |
|       |              |   |  |   |         |
|       |              |   |  |   |         |
|       |              |   |  |   |         |
|       |              |   |  |   |         |
|       |              |   |  |   |         |
|       |              |   |  |   |         |
|       |              |   |  |   |         |
|       |              |   |  |   |         |
|       |              |   |  |   |         |
|       |              |   |  |   |         |
|       |              |   |  |   |         |
|       |              |   |  |   |         |
|       |              |   |  |   |         |
|       |              |   |  |   |         |
|       |              |   |  |   |         |
|       |              |   |  |   |         |
|       |              |   |  |   |         |
|       |              | TOTAL DEPOSITS AND WITHDRAWALS  |  |   |         |
|       |              | ENDING BALANCE [See Note on Page 2]   |  |   |         |

[NOTE: Please copy this page if additional space is needed. Enter the TOTALS on the last page.]

# **ACCOUNT VERIFICATIONS**

NOTE: Use the certificates on this page to verify balances in each account held OR attach an ORIGINAL bank statement for each account showing balances on ending date. The bank statement will be returned to you.

[NOTE: Please copy this page if additional certificates are needed.]

| CERTIFICATE OF BALANCES ON DEPOSIT  |   |  |  |  |  |
|---|---|--|--|--|--|
| . (Name and Address of Bank or Financial Institution)   |   |  |  |  |  |
| I do certify that on, 20, there was o Conservator the following:  | n deposit in this institution to the credit of the estate managed by this |  |  |  |  |
| Checking Account Balance: \$  | Account Nos   |  |  |  |  |
| Savings Account Balance: \$   | Account Nos   |  |  |  |  |
| Certificate(s) of Deposit at Face Value: \$   | Certificate Nos.  |  |  |  |  |
| Interest paid and credited to the above accounts during period of this Statement of Account totaled \$  [Do NOT include accrued but unpaid interest.] |   |  |  |  |  |
| I further certify that each account is properly titled in the Conservator=s fiduciary capacity for the benefit of the ward/minor.                     |   |  |  |  |  |
|   | (Signature of Certifying Official)  |  |  |  |  |
|   | Printed Name and Title of Certifying Official                             |  |  |  |  |
| CERTIFICATE OF INVESTMENTS HELD   |   |  |  |  |  |
| (Name and Ad  | ddress of Institution)  |  |  |  |  |
| I do certify that on  |   |  |  |  |  |
|   | (Signature of Certifying Official)  |  |  |  |  |
|   | Printed Name and Title of Certifying Official                             |  |  |  |  |
| ACKNOWLEDGMENT OF <u>FINAL RETURN</u> [Only required on FINAL RETURNS]  |   |  |  |  |  |
| I, the undersigned do hereby acknowledge receipt of a copy of the [as applicable]   | ne forgoing <b>FINAL RETURN</b> of Conservator:<br>Signature              |  |  |  |  |
| former minor now an adult   |   |  |  |  |  |
| former ward now restored  |   |  |  |  |  |
| successor conservator for minor or ward   |   |  |  |  |  |
| personal representative of estate of former minor or ward   |   |  |  |  |  |
| Sworn to and subscribed before me by [print/type name]  | on [date]   |  |  |  |  |
| [SEAL]  | Notary Public/(Dep.) Clerk of Probate Court Notary commission expires:    |  |  |  |  |

# THIS PAGE TO BE COMPLETED BY COURT STAFF

# Calculation of Bond Sufficiency

|  | Calculation of Bond Sufficiency  | <del></del>  |
|--|--|--|
| Total Value of Personal and I<br>Asset Management Plan attac | ntangible Property from Updated Inventory and ched to Return   | \$   |
| PLUS: Any Cash Assets Not S                                  | Shown on Updated Inventory   |  |
| TOTAL VALUE TO BE BOY  | NDED   | \$   |
| CURRENT SURETY BOND  | AMOUNT   |  |
| AMOUNT OF BOND EXCE  | SS/(DEFICIENCY)  | \$   |
|  | DEWIDN AUDIGED   | _  |
|  | RETURN AUDITED   |  |
|  | Audited and approved on  |  |
|  | By: Fiduciary Compliance Officer/Deputy CLERK  |  |
|  |  |  |
| 0  | ORDER ADMITTING RETURN TO RECOR  | ED   |
| having remained on file in o                                 | rn and its affidavit having been carefully exam<br>ffice for days and no objections having<br>nat said return together with its affidavit be recor   | been filed thereto, the same is                                |
| Filed  | JUDGE, PROBATE COUR  | T OF BIBB COUNTY   |
| (Deputy) Clerk   | <u>.</u>   |  |
|  |  |  |
|  | DER DIRECTING RECORDING OF RETU<br>WITHOUT APPROVAL OR DISAPPROVAL   |  |
| more than thirty days and neturn may evidence waste          | going return having been filed and examined and to objection to same having been filed, but it apport mismanagement, it is ordered that the return be t and that a copy of same be served upon the suret | pearing to the Court that the recorded <b>without approval</b> |
| Filed  | JUDGE, PROBATE COUR  | T OF BIBB COUNTY   |

(Deputy) Clerk