

**In the Chancery Court for  
Montgomery County, Tennessee**

\_\_\_\_\_ **Respondent**

**Docket No:** \_\_\_\_\_

**DETAILED INTERIM / ANNUAL ACCOUNTING – CONSERVATORSHIP**

COMES NOW the Fiduciary in this matter and respectfully submits the attached Accounting to the Court for the period of \_\_\_\_\_, 20\_\_\_\_  
to \_\_\_\_\_, 20\_\_\_\_\_.

The **combined** totals of **all accounts** required for this Accounting are as follows:

Beginning Balance for **all accounts combined**..... \$ \_\_\_\_\_  
Total Receipts (+) for **all accounts combined** ..... \$ \_\_\_\_\_  
Total Disbursements (-) for **all accounts combined** ..... \$ \_\_\_\_\_  
Ending Balance for **all accounts combined** ..... \$ \_\_\_\_\_

I, \_\_\_\_\_, Fiduciary, swear or affirm that this settlement of the accounts exhibits a full, true, and just statement of each and every asset which should be charged, and the credits to which are entitled, to the best of my knowledge and belief.

\_\_\_\_\_  
**Fiduciary**

Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
**Commission Expiration Date**

\_\_\_\_\_  
**Notary Public / Deputy Clerk**

**CERTIFICATE OF SERVICE**

***[YOU MUST MAIL A COPY OF THIS ENTIRE DOCUMENT TO ALL INTERESTED PARTIES AND COMPLETE THIS CERTIFICATE VERIFYING THE DATE MAILED.]***

I hereby certify that a true and exact copy of the foregoing *Accounting* and supporting documents has been served by U.S. Mail, postage prepaid, upon the interested parties listed below.

\_\_\_\_\_  
***(SIGNATURE)***

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

NAME: \_\_\_\_\_

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\_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

***[ADD ADDITIONAL PAGE(S) FOR LISTING OF INTERESTED PARTIES, IF NECESSARY]***

## LIST OF FINANCIAL ACCOUNTS

A separate *Financial Information Form* must be completed for **EACH** financial account.

	<b>FINANCIAL INSTITUTION</b>	<b>TYPE OF ACCOUNT</b>	<b>ACCOUNT NUMBER (LAST 4 DIGITS <u>ONLY</u>)</b>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			

**[ADDITIONAL PAGE(S) MAY BE ATTACHED, IF NECESSARY]**

**FINANCIAL INFORMATION FORM**

This form should be attached to **ALL** the depository accounts you are in control of as Personal Representative or Fiduciary such as checking, savings, money market, Certificate of Deposit, brokerage, stock, investment, IRA, Annuity, etc., and any other account(s) you report to the Court annually. A separate form **MUST** be included for **EACH** account.

For example, if the asset is a Certificate of Deposit which is maturing and you have purchased (or renewed) another C.D., you should list the status of the maturing C.D. as "closed" and the status of the new C.D. as "active" – providing the new maturity date, financial institution, and amount.

ASSET (*Money Market, Certificate of Deposit, checking account, savings account, etc.*):

\_\_\_\_\_  
ACCOUNT NO (last 4 digits **only**): \_\_\_\_\_

FINANCIAL INSTITUTION:

\_\_\_\_\_

Beginning Balance .....	\$ _____
Total Receipts (+) .....	\$ _____
Total Disbursements (-) .....	\$ _____
Ending Balance <b>as of</b> .....	\$ 0.00
Maturity Date (if applicable) .....	_____

ACCOUNT STATUS:  Active  
 Closed / Date Closed: \_\_\_\_\_

Is the Asset covered by your *Surety Bond* or by a *Freeze/Restricted Account Agreement*?  
A copy of the *Agreement* **MUST** be attached if it is a *Freeze/Restricted Account*.

Be sure t hat **ALL** account statements and imaged copies of the front and back of **ALL** cancelled checks (*if any*) are attached to this Summary, as well as the *Accounting Register*. **EACH** depository account should be itemized on separate *Accounting Register(s)*.



**In the Chancery Court of  
Montgomery County, Tennessee**

**INTERIM / ANNUAL STATUS REPORT  
OF THE FIDUCIARY**

**IN THE MATTER OF:**

\_\_\_\_\_ **Respondent**

**DOCKET NO:** \_\_\_\_\_

I, \_\_\_\_\_, Fiduciary appointed for the above-referenced Respondent, state to this Court that this Respondent is in need of a Fiduciary due to the following mental and/or physical disabilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Respondent continues to need a conservatorship:  Yes  No

The Respondent resides at the following address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Residential Type:**  Private Home  Assisted Living/Group Home  Commercial  Institution

**Contact Person (if not Fiduciary) at Residence:** \_\_\_\_\_

**Phone Number(s) of Contact Person:** \_\_\_\_\_

I, the undersigned, do herewith affirm that I am aware of the Respondent's right to have a hearing on the issue of disability. I promise to notify the Court of any changes in the Respondent's mental and/or physical condition that might warrant either the modification or termination of this Conservatorship immediately, should I become aware of any improvements in the mental and/or physical condition described above.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**Signature of Fiduciary:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

(THIS REPORT SHOULD BE FILED ANNUALLY – EVEN IF ACCOUNTINGS ARE WAIVED)

5/01/23

**RESET FORM**

**PRINT FORM**

**In the Chancery Court of  
Montgomery County, Tennessee**

**Tax Return Coversheet / Statement**

**IN THE MATTER OF:**

\_\_\_\_\_ **Respondent**

**DOCKET NO:** \_\_\_\_\_

The Accounting must include one of the following:

- Check the box indicating that a Tax Return *“was completed”* and attach a copy of the latest IRS 1040 Tax Return to this coversheet; or
- If no Tax Return is due, check the box indicating that *“no Tax Return is due”*, provide the amount of gross income, and check the appropriate box for approval of the exemption pursuant to information provided by the IRS or T.C.A. statute.

Check the box that applies:

A Tax Return was completed and the latest IRS 1040 Tax Return is attached to this coversheet.

No Tax Return is due.

The gross amount of income is: \$\_\_\_\_\_.

IRS information is attached which indicates approval of exemption; or

IRS confirmation of approval is not available, however, the following statute allows for the exemption: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE OF FIDUCIARY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**In the Chancery Court of  
Montgomery County, Tennessee**

**CORPORATE SURETY STATEMENT  
(CONSERVATORSHIP)**

**IN THE MATTER OF:**

\_\_\_\_\_ **Respondent**

**DOCKET NO:** \_\_\_\_\_

We, \_\_\_\_\_, acting as Corporate Surety in the above referenced matter, pursuant to Tennessee Code Annotated, §34-1-111(c), hereby submit the following statement to the Court:

We are Surety on the Bond set by the Court in the above referenced matter and by the execution of this Statement to the Court, hereby acknowledge that we are Surety in this matter and that the Bond amount is \$\_\_\_\_\_.

We further state that said Bond is in force for the next annual period and will remain in effect until the Surety is discharged by further orders of the Court.

The Bond's current expiration date is \_\_\_\_\_.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**SIGNATURE OF SURETY:** \_\_\_\_\_

**NAME OF CORPORATE SURETY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



In the Chancery Court of  
Montgomery County, Tennessee

**PROPERTY MANAGEMENT PLAN  
CERTIFICATION**

IN RE:

\_\_\_\_\_  
Respondent

DOCKET NO: \_\_\_\_\_

Pursuant to *T.C.A. §34-1-115*, a *Property Management Plan* must be approved by the Court for investments over \$25,000. If changes are made, the Court must approve the changes.

*T.C.A. §34-1-115(e)(1&2)* states: *If no plan is filed pursuant to the provisions of subdivision (e)(1), the fiduciary's first accounting and all subsequent accountings, shall state how the funds of the estate are invested and how such fiduciary proposes such funds will be invested for the coming year.*

When filing your *Annual Accounting*, please indicate the appropriate selection below:

- Pursuant to *T.C.A. §34-1-115(e)*, a *Property Management Plan* is **not** required; however, a list detailing how the estate funds are invested is attached.
- There have been **no changes** to the existing approved *Property Management Plan* and a copy of the current *Plan* is attached to this *Certification*.
- A copy of the **new** *Property Management Plan* ([click here](#) for form) being submitted for approval is attached to this *Certification*.
- Pursuant to *T.C.A. §34-1-115*, a *waiver* has been approved and signed by the Court allowing for change of investment(s) (***please attach copy of the Judge-signed waiver***).

Submitted by:

\_\_\_\_\_  
GUARDIAN / CONSERVATOR / ATTORNEY

\_\_\_\_\_  
(Date)



6/17/16

RESET PACKET

PRINT PACKET