

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

IN RE:

Respondent

DOCKET NO: _____

REVISED (check if modifying a previously approved Property Management Plan)

CONSERVATORSHIP / GUARDIANSHIP PROPERTY MANAGEMENT PLAN
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This *Plan* must be amended when circumstances warrant. The Fiduciary shall review the *Plan* **annually** when *Accountings* are due for filing, make the necessary amendments, and submit a **PMP Certification** with the *Accounting* (attach additional pages where indicated when specific details must be addressed).

I, _____, Fiduciary for the above-referenced Respondent, submit this *Property Management Plan (PMP)* for Court approval:

1. Depository Accounts.

PRIMARY CHECKING ACCOUNT (it is suggested that you operate from only **1 account**):

(Bank) (Last 4 digits of account #)

List **all** depository accounts (*money markets, savings, CD's, accounts, etc.*):

2. Investment/Brokerage Accounts.

List **all** brokerage or investment accounts (could also include *annuities, stocks, bonds, retirement accounts, IRA's, etc.*):

All **changes** from one type of investment to another investment type (i.e. changing a CD to a mutual fund) require Court approval; an *Amended PMP* must be filed once any changes are allowed.

Check if you are financial institution serving as Fiduciary, as you are not required to seek Court approval, per *T.C.A. §34-1-115(d)*.

3. Life Insurance Policies.

List **any** life insurance policies for which the Ward is the policy owner, the insured, and/or the beneficiary, along with the company name, benefit amount, policy type, policy number, current cash surrender value, (or attach a copy of the policy(s) declaration page):

4. Income and Expenses.

The current **monthly income** sources of the Ward are as follows:

\$ _____ from **social security**.

\$ _____ from **pension/retirement**.

\$ _____ from **investment accounts**.

\$ _____ from **rental properties**.

\$ _____ from **trust income**.

\$ _____ from _____.

\$ _____ from _____.

\$ **TOTAL INCOME**

The current **monthly expenses** of the Ward are as follows:

\$ _____ for **allowance** (*cash/personal spending*).

\$ _____ for **burial/pre-need policy** (*existing policies only*).

\$ _____ for **caregiver services/home health care**.

\$ _____ for **cable/internet/phone services**.

\$ _____ for **clothing needs**.

\$ _____ for **conservator travel reimbursement.****

\$ _____ for **credit card payments.****

\$ _____ for **food/groceries**.

\$ _____ for **home** (*maintenance/services/supplies*).

\$ _____ for **housing** (*mortgage/rent/care facility*).

\$ _____ for **insurance premiums** (*medical/life/property*).

\$ _____ for **loans owed** by Ward.

\$ _____ for **medical expenses** (*dental/optometry/physical therapy*).

\$ _____ for **pet/animal expenses**.

\$ _____ for **prescriptions/medical supplies**.

\$ _____ for **professional services*** (*accountant, etc.*).

\$ _____ for **taxes** (*property, income, etc.*).

\$ _____ for **transportation services**.

\$ _____ for **tuition/school supplies/fees**.

\$ _____ for **utilities** (*electric/gas/water*).

\$ _____ for **vacation expenses**.

\$ _____ for **vehicle expenses** (*maintenance/gas/tags*).

\$ _____ for **vehicle insurance**.

\$ _____ for **vehicle payments**.

\$ _____ for _____.

\$ _____ for _____.

\$ **TOTAL EXPENSES**

* **NOTE:** All attorney fees, income tax preparation fees, investment management fees and Court accounting payments **must** be Court-approved.

** Conservator travel reimbursement receipts and credit card statements **must** be included in the *Annual Accounting*.

5. Personal Spending Account (PSA).

This **PSA** is considered a **depository account** and may be used for periodic **minimal** debit card purchases by the Ward. Complete bank statements (including *payees*) **must** be provided with the *Accounting*; however, an *Accounting Register* is **not** required.

Is the Ward allowed to have a Court-approved **PSA**? **YES** **NO**. If **yes**, enter the date the *Order* was signed allowing for the **PSA**: _____.

\$ _____ per month shall be transferred from the **primary general operating account** and deposited into a separate account at _____ **Bank** using **Account #** _____ (*last 4 digits of Account #*).

6. Real Property.

List the address(es) of **all** real property in which the Ward may have an interest and state how the property is currently held. For example: *fee simple, life estate, tenants-by-entirety* (if

with a spouse), *tenants-in-common* (if with other individuals), or as *jointly-held* property. State "**None**" if there is **no real property**:

Do you expect to **sell** or **encumber** any of the Ward's real property during the period of time this **PMP** is in effect? **YES** **NO**. If **yes**, you **must first seek Court approval to sell real property** and then file an *Amended PMP after the sale* takes place. File the **HUD Settlement Statement** with the Clerk's Office **after the closing**.

If **any** of the real property is being **rented** or **occupied**, provide specific details:

7. Personal Property.

What is the **status** of the Ward's personal property (any personal property described in the original *Inventory*):

Pursuant to *T.C.A. §34-1-116*, prior Court approval is not necessary for:

- the sale of a motor vehicle; or
- personal property with a fair market value of less than One Thousand and 00/100 Dollars (\$1,000.00).

Exception: If the personal property is being held for the benefit of the Respondent pursuant to the terms of a will, trust or other written document, Court approval is needed.

Documentation of all sales will be required with filing of an annual accounting.

List the **model(s)** and **location(s)** of any automotive vehicles owned by the Ward:

(Model)	(Location)
(Model)	(Location)
(Model)	(Location)

11. Oath.

I, _____, Fiduciary for this Respondent, make Oath that the information provided herein is true and correct to the best of my knowledge and belief.

Respectfully submitted, this _____ day of _____, 20_____.

Fiduciary

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

Notary Public / Deputy Clerk

Commission expires: _____

12. Approval.

This ***Property Management Plan*** is approved this _____ day of _____, 20_____.

Judge / Probate Master

APPROVED FOR ENTRY:

(Attorney)

CERTIFICATE OF SERVICE

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

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

(SIGNATURE)
DATE: _____

Respondent

NAME: _____
ADDRESS: _____

Interested Party & Relationship

NAME: _____
ADDRESS: _____

Interested Party & Relationship

NAME: _____
ADDRESS: _____

Interested Party & Relationship

NAME: _____
ADDRESS: _____

Interested Party & Relationship

NAME: _____
ADDRESS: _____

Interested Party & Relationship

NAME: _____
ADDRESS: _____

Interested Party & Relationship

NAME: _____
ADDRESS: _____

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