

IN THE CHANCERY COURT FOR MONTGOMERY COUNTY, TENNESSEE

IN RE:
CONSERVATORSHIP / GUARDIANSHIP OF

CHANCELLOR _____
MCCHCV _____

**DETAILED INTERIM / ANNUAL ACCOUNTING
FOR CONSERVATORSHIPS / GUARDIANSHIPS**

COMES NOW the Fiduciary in this matter and respectfully submits the attached
Accounting to the Court for the period of _____ to
_____.

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

\$ _____ Beginning Balance for all accounts combined

\$ _____ Total Deposits/Receipts (+) for all accounts combined.

\$ _____ Total Disbursements (-) for all accounts combined.

\$ _____ Ending Balance for all accounts combined.

OATH

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

LIST OF FINANCIAL ACCOUNTS

A **separate *Financial Information Form* must** be completed for **EACH** financial account. Please be sure to write the last four (4) of the Account Number **only**; the whole number is not needed.

Financial Institution	Type of Account	Account Number
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[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 of 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 (*i.e. Money Market, Certificate of Deposit, Checking Account, Savings Account, etc.*)

Maturity Date (*if applicable*)

Account Number (*Last 4 Digits **ONLY***)

Financial Institution

The combined totals of this Account are as follows:

\$ _____ Beginning Balance

\$ _____ Total Deposits/Receipts (+)

\$ _____ Total Disbursements (-)

\$ _____ Ending Balance **as of** _____
Date

Status of Account:

ACTIVE CLOSED / Date Closed: _____

Is the Asset covered by your Surety Bond or by a Freeze/Restricted Account Agreement?

_____ *If yes*, a copy of the Agreement **MUST** be attached if it is a Freeze/Restricted Account.

Be sure that **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).

CONTINUATION OF ACCOUNTING REGISTER

This portion of the Accounting Register is totaling up the columns. Total the Deposits/Receipts, and then, total the Disbursements. Please fill in the totals in the according boxes below. *Take the Starting Balance, add the Deposits/Receipts, subtract the Disbursements, that is the Balance.*

Account Number (Last 4 Digits **ONLY**): _____

Starting Balance	Deposits/Receipts (+)	Disbursements (-)	Balance (=)

Account Number (Last 4 Digits **ONLY**): _____

Starting Balance	Deposits/Receipts (+)	Disbursements (-)	Balance (=)

Account Number (Last 4 Digits **ONLY**): _____

Starting Balance	Deposits/Receipts (+)	Disbursements (-)	Balance (=)

Account Number (Last 4 Digits **ONLY**): _____

Starting Balance	Deposits/Receipts (+)	Disbursements (-)	Balance (=)

Account Number (Last 4 Digits **ONLY**): _____

Starting Balance	Deposits/Receipts (+)	Disbursements (-)	Balance (=)

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

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TAX RETURN COVERSHEET AND STATEMENT

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: _____

Printed Name: _____

Address: _____

Phone: _____

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CORPORATE SURETY STATEMENT

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 the Surety on the Bond set by the Court in the above referenced matter and by
the execution of this Statement to the Court, hereby acknowledged that we are Surety in this
matter and 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: _____

Phone: _____

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PROPERTY MANAGEMENT PLAN CERTIFICATION

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 not 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 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:

Printed Name and Signature of Guardian/Conservator/Attorney

Date

Printed Name and Signature of Guardian/Conservator/Attorney

Date

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: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

[Add additional page(s) for listing of interested parties, if necessary.]