

IN THE CHANCERY COURT FOR MONTGOMERY COUNTY, TENNESSEE

IN RE: CHANCELLOR _____

(Respondent) MCCHCV _____

CONSERVATORSHIP / GUARDIANSHIP PROPERTY MANAGEMENT PLAN

This *Plan* must be amended when circumstances are warranted. 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, submits this *Property Management Plan (PMP)* for Court approval:

Depository Accounts

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

(Bank) (Last 4 digits of Account Number)

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

(Bank) (Last 4 digits of Account Number)

(Bank) (Last 4 digits of Account Number)

(Bank) (Last 4 digits of Account Number)

(Bank) (Last 4 digits of Account Number)

Investment / Brokerage Accounts

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

(Bank) (Last 4 digits of Account Number)

(Bank) (Last 4 digits of Account Number)

(Bank)

(Last 4 digits of Account Number)

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).

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):

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*.

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 Number _____ (last 4 digits of Account number).

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), *tenant-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 **rented** or **occupied**, provide specific details:

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)

Trust Information (if any)

Provide specific details as to any trust benefits the Ward may be receiving or may be entitled to, including the name of the Trustee, the current value of Trust assets, and the purpose (i.e., special needs, educational, supplemental income, etc.) of the Trust, as a beneficiary or otherwise: _____

Burial and Pre-Need Plan (if any)

Provide specific details as to any burial or pre-need funeral plan in which the Ward has an interest, including the company name and funeral home where the arrangements are on file:

Revisions from Last PMP

Detail any revisions or changes from the last Property Management Plan (i.e., opening/closing new accounts, increases/decreases in expenses, changes in investments, etc.): _____

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: _____

Approval

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

Chancellor / Probate Master

APPROVED FOR ENTRY:

(Attorney)

CERTIFIED 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 forgoing 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: _____

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