IN THE CHANCERY COURT FOR ROBERTSON COUNTY, TENNESSEE
AT SPRINGFIELD

IN THE MATTER OF	**)**	
	)	
_____	**)**	**DOCKET NO: _____**
RESPONDENT	**)**	

☐ ***REVISED (check if modifying previously approved Property Management Plan)***

CONSERVATORSHIP /GUARDIANSHIP PROPERTY MANAGEMENT PLAN

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, 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** form 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 a Fiduciary, as you are not required to seek Court approval, per T.C.A. §34-1-115(d)

3. <u>Life Insurance Policies.</u>

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.**
$ _____ from _____.
$ _____ from _____.

$ [ ] **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 conserved 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 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 sal**e 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 to 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)**

8. **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, education, supplemental income, etc.) of the *trust*, as a beneficiary or otherwise: _____

_____
_____

9. **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:

_____
_____
_____

10. <u>Revisions From Last PMP.</u>

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

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

11. **<u>Oath</u>**.

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 the _____ day of _____, 20_____.

_____

_____

Notary Public/Deputy Clerk

Commission expires: _____

12. <u>Approval.</u>

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 CERTICATE 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.

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: _____
_____

_____
Signature

_____
Date

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