

IN THE CHANCERY (PROBATE) COURT FOR SUMNER COUNTY TENNESSEE
AT GALLATIN

IN RE:

Respondent/Ward

Docket No: _____

REVISED (check if modifying a 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 Accounting 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.

Which account will be used as the primary general checking account (it is suggested that you attempt to operate from only 1 account):

(Bank)

(Last 4 digits of account#)

(Balance of Account/Date)

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

(Bank)

(Last 4 digits of account#)

(Balance of Account/Date)

2. Investment/Brokerage Accounts

(Company)

(Last 4 digits of account#)

(Balance of Account/Date)

All changes to the investment accounts require Court approval and 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 the Ward has an interest in, along with the policy's current cash value, company name, account number, and death benefit:

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 vehicle expenses (maintenance/gas).
\$ _____ for vehicle insurance.
\$ _____ for vehicle payments.
\$ _____ for burial/pre-need policy.
\$ _____ for caregiver services/home health care.
\$ _____ for cable/internet/phone and cellular services.
\$ _____ for clothing needs.
\$ _____ for club/membership dues.
\$ _____ for credit card payments.

- \$ _____ for food/groceries.
- \$ _____ for entertainment/recreation.
- \$ _____ for gifts (birthdays/holidays).
- \$ _____ for home (maintenance/services/supplies).
- \$ _____ for housing (mortgage/rent/care facility).
- \$ _____ for insurance (medical/home/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 tithes/donations.
- \$ _____ for transportation services.
- \$ _____ for tuition/school supplies/fees.
- \$ _____ for utilities (electric/gas/water).
- \$ _____ for vacation expenses.
- \$ _____ for _____.
- \$ _____ for _____.

\$ [] TOTAL EXPENSES

NOTE: All attorney fee payments must be Court-approved.

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*):

The sale or disposal of any personal property must be Court-approved and a fully documented *Inventory* of the sale or disposal must be filed with the Clerk's Office and provided to all interested parties.

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, educational, supplemental income, etc.) of the *trust*, as a

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: _____

NAME: _____

ADDRESS: _____

NAME: _____

ADDRESS: _____

NAME: _____

ADDRESS: _____

NAME: _____

ADDRESS: _____

NAME: _____

ADDRESS: _____

NAME: _____

ADDRESS: _____

NAME: _____

ADDRESS: _____

NAME: _____

ADDRESS: _____

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