

6. Other information requested by the court or useful in the opinion of the conservator are:

Dated this ____ day of _____, 201 ____.

Signature of Conservator

EXHIBIT A
ANNUAL INVENTORY

| PERSONAL PROPERTY | CURRENT VALUE |
|--|---------------|
| Checking Accounts: | \$ |
| | \$ |
| Savings Accounts: | \$ |
| | \$ |
| Cash: | \$ |
| Stocks and Bonds: | \$ |
| Burial Trust Account: | \$ |
| Motor Vehicles: | \$ |
| | \$ |
| Household Appliances: | \$ |
| Furniture: | \$ |
| Personal Property Purchased During this Accounting Period: | \$ |
| | \$ |
| Other: | \$ |
| | \$ |
| Total Personal Property: | \$ |
| | |
| REAL PROPERTY | |
| Real Property (Location and Description): | \$ |
| | \$ |
| Total Real Property: | \$ |
| | |
| GRAND TOTAL OF ALL PROPERTY: | \$ |

**EXHIBIT B
RECEIPTS AND DISBURSEMENTS**

| RECEIPTS | | DISBURSEMENTS | |
|--|-----------------|----------------------------|-----------------|
| <i>Beginning Balance</i> Date: _____, 201__ | \$ _____ | | |
| SSI Benefits | \$ | Attorney Fees | \$ |
| Social Security Benefits | \$ | Accountant Fees | |
| Dividends | \$ | Conservator Fees | \$ |
| Interest | \$ | Room and Board | \$ |
| Lease Payments or Rent Received | \$ | Doctors/Hospital | \$ |
| Earnings/Wages | \$ | Dentist | \$ |
| Gifts Received | \$ | Medications | \$ |
| Other: | \$ | Clothing | \$ |
| | | Hygiene/Personal Care | \$ |
| | | Recreation | \$ |
| | | Personal Spending | \$ |
| | | Income Taxes | \$ |
| | | Property Taxes | \$ |
| | | Insurance | \$ |
| | | Bond Premium | \$ |
| | | Other: | \$ |
| | | | |
| Total Receipts | \$ _____ | Total Disbursements | \$ _____ |
| | | | |
| <i>Ending Balance</i> Date: _____, 201__ | \$ _____ | | |

Recapitulation

Beginning Balance \$ _____

Plus Total Receipts + \$ _____

Less Total Disbursements - \$ _____

Must equal Ending Balance = \$ _____