

INCOME ASSET INFORMATION

The following information is required if you are seeking a Conservatorship

ASSETS, INCOME, OTHER SOURCES OF FUNDS, LIABILITIES, AND EXPENSES OF PROPOSED WARD

PROPOSED WARD: _____

REAL PROPERTY

(Indicate if property is jointly owned and with whom)

Description	County	State	Approximate equity
Parcel 1 _____			\$ _____
Parcel 2 _____			\$ _____
Parcel 3 _____			\$ _____

INCOME FROM ALL SOURCES

	Yearly Total
Social Security per year	\$ _____
SSI (Supplemental Security Income) per year	\$ _____
Retirement benefits per year	\$ _____
VA benefits per year	\$ _____
Other income per year, including, e.g., alimony, annuity, or trust distributions	\$ _____
Interest, dividend, or investment income	\$ _____
YEARLY TOTAL OF ALL INCOME \$ _____	

PERSONAL AND INTANGIBLE PROPERTY

(Indicate if property is jointly owned and with whom) **Approximate** **Current**
Value

1. Checking/Savings/Money Market/Certificates of Deposit/Liquid Accounts:

Bank/Financial Institution/Broker	Acct. No.	Joint Owner (if any)	
_____			\$ _____
_____			\$ _____
_____			\$ _____
_____			\$ _____

Stocks/Bonds/Investments (including retirement and profit-sharing accounts):

a. held by brokers:

Brokerage Firm or Institution	Acct. No.	Joint Owner (if any)	
_____			\$ _____
_____			\$ _____
_____			\$ _____
_____			\$ _____
_____			\$ _____

b. privately held:

Company/Issuer	No. of Shares	Joint Owner (if any)	
_____			\$ _____
_____			\$ _____
_____			\$ _____
_____			\$ _____
_____			\$ _____

3. Automobiles:

Year/Make/Model	V.I.N.	Joint owner (if any)	
_____			\$ _____
_____			\$ _____
_____			\$ _____

4. Other assets of significant value:

Description	Joint owner (if any)	
_____		\$ _____
_____		\$ _____
_____		\$ _____

TOTAL VALUE OF PERSONAL AND INTANGIBLE PROPERTY \$ _____

DEBTS AND OTHER LIABILITIES

The proposed ward owes the following debts/liabilities:

1. Secured debts:

Obligor/Payee	Collateral	Solely/Jointly Owed	Approx. Current Balance
_____			\$ _____
_____			\$ _____

2. Unsecured debts:

Obligor/Payee	Acct. No.	Solely/Jointly Owed	Approx. Current Balance
_____			\$ _____
_____			\$ _____

TOTAL DEBTS AND OTHER LIABILITIES OF PROPOSED WARD \$ _____

AVERAGE MONTHLY LIABILITIES AND EXPENSES

Household:

Care Facility/Rent/Mortgage payments:	\$ _____
Property taxes/Insurance	\$ _____
Utilities/Lawn Care/Pest Control	\$ _____
Miscellaneous household/food	\$ _____
Total credit account and other debt payments	\$ _____
Other (specify)	\$ _____

Automotive/Transportation

Fuel and Repairs	\$ _____
Tags and license fees, Insurance	\$ _____
Bus/Train/Taxi fares	\$ _____

Minors or Other Dependents of the Proposed Ward

Child Care	\$ _____
School Tuition/Supplies/Expenses/Lunches	\$ _____
Clothing/Diapers/Grooming/Hygiene	\$ _____
Medical/Dental/Prescription	\$ _____

Entertainment/Activities	\$ _____
<u>Other Insurance</u>	
Health	\$ _____
Life/Disability	\$ _____
Other (specify)	\$ _____
<u>Proposed Ward's Other Expenses</u>	
Laundry/Clothing/Grooming/Hygiene	\$ _____
Medical/Dental/Prescriptions/Medications	\$ _____
Entertainment/Vacations/Subscriptions/Dues	\$ _____
Personal Caretakers/Cleaning personnel	\$ _____
Other (specify)	\$ _____
<u>Total Expenses</u>	\$ _____

Payments to Creditors:

Is the proposed ward behind in any debt payments? (yes) (no)

If so, payee and amount:

SUMMARY

1. Average Monthly Income \$ _____

2. Average Monthly Expenses <\$ _____>