

STATE OF SOUTH CAROLINA)
)
COUNTY OF _____)
)
)
)
)
IN THE MATTER OF:)
)
_____,)
a protected person.)
)
)
)

▲ PROBATE COURT USE ONLY ▲

CASE NUMBER _____ -GC- _____ - _____

CONSERVATOR REPORT

- ANNUAL REPORT
- AMENDED ANNUAL REPORT # _____
- INTERIM REPORT REQUIRED BY COURT ORDER
- FINAL REPORT WITH APPLICATION/PETITION FOR DISCHARGE

NOTE: In addition to completing this form, if you seek Court action, you **must** file a pleading requesting relief.

1. The Current Reporting Period for this Report is: from _____ (mm/dd/yy) to _____ (mm/dd/yy).
2. Has the Protected Person's contact information changed since the last Report?
 YES NO
(If YES, please provide updated contact information for him/her below.)

Print Name: _____
Address: _____

Preferred Telephone: _____
Secondary Telephone: _____
Email: _____

3. Does the Protected Person still require a conservatorship?
 YES NO Explain your answer.

4. Should the duties, powers, or responsibilities of the Conservator over the Protected Person's assets be limited or expanded in any way?
 YES NO Explain your answer.

5. Should changes be made to the current conservatorship financial plan (if one is in place)?
 YES NO NO FINANCIAL PLAN IN PLACE
(If YES, then please file an amended financial plan with your recommended changes.)
6. Have criminal charges been filed or convictions entered against the Conservator since the most recent Report?
 YES NO Explain: _____
7. Are there any joint interests or co-ownerships in assets or businesses involving the Conservator and the Protected Person? If yes, Explain in detail:

8. Are the assets in the Protected Person's estate sufficient to provide for his/her health, education, maintenance, and support and that of his/her dependents? YES NO Explain your answer:

PART A: FINANCIAL INFORMATION

Section 1: Estate Protection: This estate has the following protection (Check one):

9. A surety bond in the amount of \$ _____ is with _____ bonding company, and is current.
 There is a restricted account agreement with _____ financial institution.
 Another form of protection: _____
 There are no protective arrangements in place because: _____

10. Is the form of protection sufficient to cover all unrestricted assets? YES NO. Explain:

11. Professional conservators must confirm security is current and adequate. Have you filed an Affidavit of Conservator Regarding Bond (FORM #544GC)?
 YES NO.

12. The Conservator is requesting a change to the surety bond/other protection and is filing a motion with the Court.

Section 2: Other Financial Information (Attach copies of applicable documents).

13. Is anyone involved in this conservatorship a party to a lawsuit? YES NO
 If yes, answer the following: NAME: _____ (Conservator, Protected Person)

<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	Location of Filing	Represented by	Docket/Case No.
Amount of Suit \$	Possible Completion Date	Subject of Suit	

14. Has the Conservator or any entity to which it has a fiduciary duty filed for bankruptcy? YES NO
 If yes, answer the following:

Date Filed	Date Dismissed	Date Discharged	Petition/Case No.	Location Filed

15. Will the Protected Person receive any assets from a decedent's estate? YES NO
 If yes, explain and prepare a Supplemental Inventory and Appraisal after the assets are received.

Describe asset and when received:	Anticipated amount to be received	When will it be received?

15a. Is the Protected Person the beneficiary of a life insurance policy? YES NO
 If YES, answer Question 15. If NO, skip to Question 16.

15b. Insurance Company Name & Address			
15c. Policy Number(s)			
15d. Owner of Policy			
15e. Current Cash Value	\$	\$	\$
15f. Outstanding Loan Balance	\$	\$	\$

15g. **Total Available Cash** (Subtract amounts on Line 15f from Line 15e and include amounts from any attachments).

NOTE: policies need NOT be converted to cash, only considered/reported \$

16. Does the Protected Person have a safe deposit box ? If YES, answer the following		<input type="checkbox"/> YES <input type="checkbox"/> NO
Location (Name, address and box number(s):	Contents	Value \$

PART B: ACCOUNTING

Section 1: Liquid Assets

17. CASH ON HAND Total	\$
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18. PERSONAL BANK ACCOUNTS Include all checking accounts, savings accounts, online and mobile (e.g., PayPal) accounts, money market accounts, savings accounts, and stored value cards (e.g., payroll cards, government benefit cards, etc.) in the Protected Person's name, even if they are jointly owned with someone else.

Type of Account	Full Name & Address (Street, City, State, Zip) of Bank, Savings & Loan, Credit Union or Financial Institution	Account Number (last 4 digits only)	Account Balance As of <u> </u> (mm/dd/yyyy)
18a.			\$
18b.			\$
18c.			\$
18d.			\$
18e.			\$
18f.			\$
18g. Totals from additional pages			\$
18h. Total funds IN BANKS (Add lines 18a through 18g)			\$
18i. Total LIQUID ASSETS (Add line 17 and line 18h)			\$

Complete this detail for ALL bank accounts. Attach additional pages if needed to include all bank accounts, enter the total from additional pages at Line **18g**. For investments go to Schedule B; for Miscellaneous Personal Property go to Schedule F; for Rental Income go to Schedule C.

Section 2: Accounting Summary of Receipts and Disbursements

19. ACCOUNTING SUMMARY

CALCULATION SUMMARY	
19a. BEGINNING BALANCE – From Inventory and Appraisalment (Form #550GC) OR Amount from Line 19(e) in the most recent Conservator's Report)	\$
19b. PLUS: Total Receipts	\$
19c. SUBTOTAL (Add Line 19a to 19b)	\$
19d. LESS: Total Disbursements	\$
19e. ENDING BALANCE (Subtract Line 19d from 19c)	\$

Section 3: Non-Liquid Assets

20. **INVESTMENTS** Include stocks, bonds, mutual funds, stock options, certificates of deposit (CDs), Pre-paid burial (cash value if revocable; death benefit value if irrevocable), and retirement assets such as IRAs, Keogh, and 401(k) plans.

Type of Investment or Financial Interest

Type of Investment or Financial Interest	Full Name & Address (Street, City, State, Zip) of Company	Current Value	Loan Balance (if applicable) as of _____ (mm/dd/yyyy)	Equity Value minus Loan
20a.				
20b.				
20c.				
20d. Total Equity (Add lines 20a through 20c and amounts from any attachments)				\$

PART C: LIST OF ASSETS & LOCATION

Section 1: Annual Report of Assets

21. What are the current assets of the Protected Person managed by the Conservator:

DESCRIPTION OF ASSET	LOCATION OF ASSET OR NAME OF FINANCIAL INSTITUTION	CURRENT FAIR MARKET VALUE	COVERED BY INSURANCE?
REAL PROPERTY (Provide information on all real property held in the Protected Person's name, individually or jointly, to include, but not limited to Protected Person's home, rental properties, vacant land.)			
INVESTMENTS (Provide information on all conservatorship restricted accounts, stocks, bonds, notes, receivables, checking and savings accounts, certificates of deposit, mutual funds, retirement accounts, etc.)			
MOTOR VEHICLES (Provide information on all motor vehicles titled in the Protected Person's name, individually or jointly.)			
OTHER ASSETS (Provide information on all other assets owned by the Protected Person including, but not limited to: business interests, home furnishings, collections, boats, recreational vehicles, jewelry, firearms, etc.)			

22. Have you become aware of additional assets owned by the Protected Person not listed on the Inventory and Appraisal? Yes No. Explain: _____

If YES, you MUST file an Amended Inventory and Appraisal (Form #550GC).

23. Has anyone purchased or acquired additional assets on behalf of the Protected Person that are not reflected on the Inventory and Appraisal on file with the Probate Court? Yes No.

If **YES**, describe the asset purchased, the purchase price, purchase date, and source of funding for the purchase (e.g., cash, loan, sale of another asset, etc.) and file an Amended Inventory and Appraisal (Form #550GC).

24. Have there been any other changes to the value of the Protected Person's estate? Yes No.

Explain: _____

Section 2: Debts

25. List the current debts of the Protected Person:

Description of Debt (Identify all accounts)	Account Number (last 4 digits only)	Name of Financial Institution	Current Balance Due
Mortgages (principal balance)			
Car Loans			
Home Improvement Loans			
Student Loans/Tuition			
Credit Card One			
Credit Card Two			
Credit Card Three			
Store Card			
Federal Taxes Owed			
State and Local Taxes Owed			
Other Liabilities/Debts			
TOTALS			\$

PART D: VERIFICATION

By initialing each statement below, the Conservator acknowledges, agrees, and affirms:

- _____ Under penalty of perjury, this is a true, accurate, and complete report of the estate of the Protected Person.
- _____ This Report is subject to audit or review.
- _____ I will retain records of all receipts and disbursements including detailed billing statements and will provide them to the Court upon request.
- _____ I will provide additional information or documents to the Court or to any interested person as ordered by the Court.
- _____ Estate assets may be subject to examination.
- _____ A copy of this Report has been provided to all parties as required by S.C. Code Ann. § 62-5-416(C).
- _____ All just claims against the Protected Person or his/her estate arising before or after the conservatorship must be paid from the estate.
- _____ The Protected Person or I may petition the Probate Court to request an Order allowing or requiring intermediate or final reports pursuant to S.C. Code Ann. § 62-5-428.

_____ I have reviewed the Inventory and Appraisal filed with the Court on _____ (date) and confirm its accuracy, OR I am filing a supplemental Inventory and Appraisal to reflect any changes.

PROOF OF DELIVERY

On the _____ day of _____, 20_____, I mailed or delivered this Conservator Report to all persons required to receive a copy of this Report pursuant to S.C. Code Ann. § 62-5-416(C) and any Orders of this Court. Delivery was accomplished by the following method (*check appropriate box(es)*):

- personal delivery
- certified mail
- commercial delivery
- ordinary first-class mail
- registered mail

NAME

ADDRESS

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

VERIFICATION

The Conservator being sworn, states that the facts set forth in the foregoing Conservator Report are true and correct to the best of the Conservator’s knowledge.

SWORN to before me this _____ day of _____, 20_____.

Conservator’s Signature: _____
Print Name: _____
Address: _____

Print Name: _____
Notary Public for: _____
(State)
My Commission Expires: _____
(Date)

Preferred Telephone: _____
Secondary Telephone: _____
Email: _____

SWORN to before me this _____ day of _____, 20_____.

Co-Conservator’s Signature: _____
Print Name: _____
Address: _____

Print Name: _____
Notary Public for: _____
(State)
My Commission Expires: _____
(Date)

Preferred Telephone: _____
Secondary Telephone: _____
Email: _____

PLEASE CHECK THIS BOX IF THE CONTACT INFORMATION FOR THE CONSERVATOR HAS CHANGED SINCE THE LAST REPORT.