IN THE CHANCERY COURT FOR RUTHERFORD COUNTY, TENNESSEE

IN RE: MIN	NOR / RESPONDENT CASE NO
	Fiduciary
	PROPERTY MANAGEMENT PLAN
This p	olan must be amended when circumstances warrant. The Conservator shall
review the pla	an annually when accountings are due for filing and make the necessary
changes on ar	Amended Property Management Plan to be submitted with the annual
accounting.	
Ι,	the Conservator of the Property and Person for the
Respondent,	, submit the following Property Management Plan pursuant
to Tennessee	Code Annotated § 34-1-115:
1.	WARD'S NAME is currently residing at It is
	anticipated that WARD'S NAME will have to remain in the long term care
	facility at charges
	approximately \$ a day.
2.	The inventory of the assets and income of WARD'S NAME are as follows:
	<u>ASSETS</u> <u>VALUE</u>
	(a)Bank checking account number Balance on\$
(It is suggeste	ed that you attempt to operate from only 1 account).

	(b)I	nvestment Ac	count Number			
	(contains IRA & Investment Account)					
	Balance on		\$			
	(c) Real Estate at		,			
	(c) Real Estate at, Murfreesboro, TN\$					
	account number. For other bank account Bonds, Pre-Burial	Remember to i ts, investment Plans, securit	along with value, company name, an include items such as vehicles, jewelry accounts, annuities, CD's, Stocks are y deposits, household goods of value, erests in businesses, Life Insurance	y, nd		
All changes to	the investment accoun	nts require Cou	urt approval and an Amended Propert	y		
	01 (1 (1 1	C 1				
Management	Plan must be filed once	a Court order	r is entered allowing changes.			
	INCOME:					
	incovil.					
	Source	Amount	Frequency			
	(a)Social Security	2				
	Administration	\$	Monthly			
	(b)Thrift Savings Plan	\$	Monthly			
	(a)II S Transum	\$	Monthly			
	(c)U. S. Treasury	Φ	Monthly			
	(d)Fed Ex Corp.	\$	Monthly			
	(e)Rent from property at Dr. \$		No. 11			
			Monthly			
	(f)Promissory Note w	ith				
	(1)1 Tollissory Note w	\$	Monthly			
		Ψ				
	(g) Continue listing other sources of income such as alimony, rental income, court settlements, etc.					
	Total Monthly Income	2:	\$			
3.	The residence at		is owned solely by			
	an	d is unencum	bered.			

4. EXPENSES:

<u>To</u>	Amount	Frequency
(a.) House Payment	\$	Monthly
(b.) Allowance (cash/person	nal) \$	Monthly
(c.) Caregiver \$		Weekly
(d.) Cable/internet/phone	\$	Monthly
(e.) Clothing	\$	Quarterly

- (f.) Continue listing the Ward's expenses with details of to whom paid, amount, and frequency. Remember to include items such as vehicle payments and insurance, burial policy payments, cell phone, membership dues, credit card or loan payments, food/groceries, entertainment, gifts (birthdays/holidays), insurance, known medical or prescription expenses, pet/animal expenses, professional services (accountant), taxes, tithes/donations, vacation expenses, etc.
- 5. Describe the status of the Ward's Personal property in this section. Is it held by family members? Remains in real property while the Ward is residing in a nursing facility? Is all property at the nursing facility with the Ward? If Ward owns a vehicle, where is the vehicle currently located?

The sale or disposal of any personal property must be Court approved. Documentation regarding the sale and an amended Inventory and Property Management Plan must be filed reporting the changes.

6. If this is an Amended Property Management Plan, detail any revisions/changes made since the last Court approved Property

Management Plan in this section. (Explanations of closing/opening of new accounts, increase or decrease in expenses or income, changes in investments, etc.)

I,	, Conservator for Respondent,	
solemnly swear and affirm th	at the statements provided herein	are true and correct to the
best of my knowledge and be	elief.	
Respectfully submitted, this _	day of	, 20
		Conservator
Sworn to and subscribed befo	ore me, this the day of	, 20
Notary Public/Deputy Clerk		
Commission Expires:		
This Property Management	t Plan is approved this the	day of
	-	Chancellor/Judge