

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:

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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:

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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:

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7. Personal Property.

What is the status of the Ward's personal property (any personal property described in the original *Inventory*):

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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

Revised 2/13/2017



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: \_\_\_\_\_  
\_\_\_\_\_

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