

STATE OF SOUTH CAROLINA)
)
COUNTY OF:)
)
IN THE MATTER OF:)
)

IN THE PROBATE COURT
CONSERVATORSHIP ANNUAL ACCOUNTING
CASE NUMBER: _____

Conservator: _____

- 1. a. This is a full and true statement of account in the above matter, which protected person resides at _____, covering the period from the _____ day of _____, 20____ to the _____ day of _____, 20____.
- b. I have on file a surety bond approved by the Court in a penal sum of \$_____ with the _____ Company as surety.

2. Recapitulation of Accounts

| | |
|--|-----------|
| Beginning balance of cash | \$ _____ |
| Plus money received for all sources (item 3) | +\$ _____ |
| TOTAL | \$ _____ |
| Less Total money spent (item 4) | -\$ _____ |
| TOTAL VALUE OF ESTATE | \$ _____ |

The Conservator represents that this account contains a correct statement of all receipts and disbursements and that its contents are true to the best knowledge and belief of the Conservator.

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

Notary Public for South Carolina
My Commission Expires: _____

Signature: _____
Name: _____
Address: _____

Telephone (O): _____
(H): _____

Attach Bank or Brokerage Statements

3. MONEY RECEIVED

| Date | RECEIVED FROM (List each source separately) Example: First Bank = Check #11111 | | Amount |
|-------|--|----|--------|
| _____ | _____ | \$ | _____ |
| _____ | _____ | \$ | _____ |
| _____ | _____ | \$ | _____ |
| _____ | _____ | \$ | _____ |
| _____ | _____ | \$ | _____ |
| _____ | _____ | \$ | _____ |
| | (Attach additional pages, if necessary) | | |
| | TOTAL brought forward from attached pages | \$ | _____ |
| | TOTAL AMOUNT RECEIVED | \$ | _____ |

(Enter under recapitulation, page 1, item #2)

4. MONEY SPENT

| Date | To Whom Paid and Purpose | | Amount |
|-------|---|----|--------|
| _____ | _____ | \$ | _____ |
| _____ | _____ | \$ | _____ |
| _____ | _____ | \$ | _____ |
| _____ | _____ | \$ | _____ |
| _____ | _____ | \$ | _____ |
| _____ | _____ | \$ | _____ |
| | (Attach additional pages, if necessary) | | |
| | SUB-TOTAL brought forward from attached pages | \$ | _____ |
| | TOTAL AMOUNT SPENT | \$ | _____ |

(Enter total on Recapitulation, page 1, item #2)

5. **CERTIFICATION OF BALANCE ON DEPOSIT:**

NAME AND ADDRESS OF INSTITUTION:

Account Type (i.e., Checking, Savings):

Balance on deposit* \$ _____

*Including interest of \$_____ paid during the period covered by the accounting.

I CERTIFY THAT on the ____ day of _____, 20____, the last day of the period covered by this accounting, there was on deposit in this institution to the credit of this Fiduciary the following balance:\$_____.

SIGNATURE AND TITLE OF CERTIFYING BANK

CERTIFICATION OF INVESTMENTS (to be executed by the Clerk of Court, a bank official, an authorized official of an insurance or investment company, or an authorized official or agent of the corporate surety on fiduciary bond):

| Kind of Bond or Security | Interest Rate | Date of Purchase | Face Value | Cost |
|--------------------------|---------------|------------------|------------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

TOTAL COST \$ _____

I CERTIFY that the securities listed herein were exhibited to me by the Fiduciary as being the property of the protected person and in the custody and control of the Fiduciary.

Date

SIGNATURE AND TITLE OF CERTIFYING OFFICIAL