
Full Name of Party Filing this Document

Mailing Address (Street or Post Office Box)

City, State, and Zip Code

Telephone Number

Email Address (if any)

IN THE DISTRICT COURT FOR THE _____ JUDICIAL DISTRICT
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

IN THE MATTER OF THE ESTATE OF

an Adult.
a Minor.

Case No. _____

CONSERVATOR'S INVENTORY
AND FINANCIAL PLAN

Fee Category:

Fee: \$ _____

Instructions.

The purpose of this report is to give the court as complete a picture as possible of the financial situation for the person under conservatorship and the plan for the next year on what will happen with the person's estate.

Sometimes the information for the financial plan can be included in the petition you file to become a conservator. Check with the court about whether you need to file just the inventory or both the inventory and financial plan.

1. This report, called an inventory and financial plan, is due within 90 days after appointment as conservator.
2. As conservator you will also be required to file accountings:
 - a. The first accounting is due within 30 days after the anniversary date of your appointment, covering the first 12 months of your appointment.
 - b. An accounting is due every year within 30 days after the anniversary.
 - c. A final accounting is due within 30 days after your resignation, removal or termination of the appointment.
3. Please type or print clearly using black ink.
4. After completing this report, you must sign it under penalty of perjury.
5. File with the clerk of the court, provide copies to individuals as ordered by the court, and keep a copy for your records.

Information About The Person Under Conservatorship.

1. Person under conservatorship's name: _____

2. Person under conservatorship's physical address: _____

3. Person under conservatorship's contact number(s):
Residence: _____
Cell: _____ Work: _____
Fax: _____ Email: _____

4. Has a guardian also been appointed for the person under conservatorship?
Yes No

5. Name of guardian _____
Address _____
Phone number of guardian _____

Have you been ordered to complete BOTH the inventory and the financial plan?
Yes No

*If you marked yes, complete both **Part A** and **Part B***

Have you been ordered to only complete the inventory?
Yes No

*If you marked yes, complete only **Part A***

Have you been ordered to only complete the financial plan?
Yes No

*If you marked yes, complete only **Part B***

Part A: Inventory

The information you fill out below will reflect the value of the estate of the person under conservatorship on the date you were appointed.

What date were you appointed conservator? _____

SECTION I – Assets.

Please provide information on all the assets of the person under conservatorship. Assets are anything of value owned by the person under conservatorship. Do not include assets owned by you.

1. Cash on hand (not in a financial institution and not in the person under conservatorship's possession).
Yes No Amount \$ _____

If yes, why is cash kept on hand? _____

2. Bank Accounts. (Attach verification of amounts listed.)

Name Of Bank/Institution	Type Of Account (Examples: checking, savings, certificates of deposit, etc.)	Value On Date Of Appointment
		\$
		\$
		\$
TOTAL		\$

3. Investment Accounts. (Attach verification of amounts listed.)

Name Of Bank/Institution	Type Of Account (Examples: money market accounts, stocks, bonds, IRAs, 401(k) plan, etc.)	Value On Date Of Appointment
		\$
		\$
		\$
TOTAL		\$

4. Life Insurance Policies. (Attach verification of amounts listed.)

Name Of Bank/Institution	Type Of Insurance (Examples: whole, term or universal, etc.)	Cash Value On Date Of Appointment
		\$
		\$
		\$
TOTAL		\$

5. Real Estate. (Attach verification of amounts listed.)

Address Of Property (List all land and buildings)	Method For Determining Value (Examples: appraisal, tax assessment, market value, etc.)	Value
		\$
		\$
		\$
TOTAL		\$

6. Vehicles.

Make, Model, And Year (List all cars, boats, snow machines, etc.)	Value
	\$
	\$
	\$
TOTAL	\$

7. Other Property Not Listed Above. (Attach additional pages if necessary.)

Detailed Description Of Item Or Collection (Only list items or collections that are worth more than \$1,000.00)	Method For Determining Value (Examples: appraisal, market value, etc.)	Value
		\$
		\$
		\$
TOTAL		\$

8. Total value of assets listed above. (The Sum Of All "Totals" Reported In Section I.)

SUM TOTAL \$

Section II – Debts.

1. Real Estate Debts. (Attach verification of amounts listed.)

Address Of Property	Amount Owed On Date Of Appointment
	\$
	\$
	\$
TOTAL	\$

2. Other Loans. (Attach verification of amounts listed.)

Lender Name	Purpose Of Loan (Examples: automobile loan or personal payday loan, etc.)	Amount Owed On Date Of Appointment
		\$
		\$
		\$
TOTAL		\$

3. Credit Cards. (Attach verification of amounts listed.)

Company Name And Address	Amount Owed On Date Of Appointment
	\$
	\$
	\$
TOTAL	\$

4. Judgments/Liens. (Attach verification of amounts listed.)

Judgment/Lien Description	Amount Owed On Date Of Appointment
	\$
	\$
	\$
TOTAL	\$

5. Other Liabilities/Debts. (Attach verification of amounts listed.)

Description	Amount Owed On Date Of Appointment
	\$
	\$
	\$
TOTAL	\$

6. Total amount owed by person under conservatorship. (The sum of all "TOTALS" reported in Section II.)

SUM TOTAL \$

7. Explain any relationship between the *conservator and any creditor* listed in any section above: _____

8. Explain any relationship between the *person under conservatorship and any creditor* listed in any section above: _____

SECTION III - Net Asset Summary.

Net Asset Value	Total Amount
1. Total Assets (reported from Section I)	\$
2. Total Debts (reported from Section II)	\$
Net Asset Value (Subtract total debts from total assets)	\$

PART B—FINANCIAL PLAN

This is your plan for the person under conservatorship’s estate for the next year. It will be a budget and help plan how to manage the person under conservatorship’s money.

SECTION I – Expected Income.

Description Of Each Income Source Person under conservatorship’s expected income for the next 12 months.	Amount
Social Security	
Social Security Benefits	\$
Social Security Disability Benefits (SSD)	\$
Supplemental Security Income Benefits (SSI)	\$
Aid To Aged, Blind And Disabled (AABD)	\$
Veterans Financial Benefits	\$
Wages	\$
Pension	\$
Annuity Income	\$
Child/Spousal Support	\$
IRA Distributions	\$
Other (Describe) _____ _____ _____	\$
TOTAL	\$

SECTION II – Expected Expenses.

Description Of Each Type Of Expense Person under conservatorship's expected expenses for the next 12 months.		Amount
Nursing/Assisted Living Home/In-Home Care		\$
Rent Payment		\$
Mortgage Payment		\$
Property Tax If Not Paid By Escrow Account		\$
Utilities(Gas, Electric, Water and Sewer)		\$
Phone/Television/Internet Services		\$
Transportation (including fuel, car payments, maintenance, public transportation, etc.)		\$
Out of Pocket Medical Expenses (deductible/copay/not covered by insurance)		\$
Credit Card Payments		\$
Food		\$
Clothing, Recreation, Entertainment, or Other Personal Expenses		\$
Personal Spending Allowance		\$
Home/Property Maintenance Costs		\$
Insurance		
	Auto Insurance	\$
	Medical Insurance	\$
	Life Insurance	\$
	Other Insurance (Long Term Care, etc.)	\$
Court Approved Gifts		\$
Other Gifts		\$
Child/Spousal Support		\$
Legal or Accounting Fees		\$
Court Approved Fees/Costs Paid To Conservator		\$
Other Fees/Costs Paid to Conservator		\$
Court Approved Fees/Costs Paid To Guardian		\$
Other Fees/Costs Paid to Guardian		\$
Other Expenses Over \$500 (Describe) _____ _____ _____		\$
TOTAL		\$

Budget Summary	Total Amount
1. Total Income (reported from Section I)	\$
2. Total Expenses (reported from Section II)	\$
Balance (Subtract total expenses from total income)	\$

SECTION III – Financial Resources

1. If expenses exceed income, what is your plan to meet the basic needs of the person under conservatorship? _____

2. Do you anticipate significant one-time income over the next 12 months? (Examples: sale of house or car, back payment of social security, insurance proceeds, etc.)

Yes No

If yes, list and describe each income source and amount separately: _____

If yes, what do you plan on doing with this income? (Examples: pay off debt, invest) _____

3. Do you anticipate significant one-time expenses over the next 12 months? (Examples: major home or car repair, medical expenses, gifts)

Yes No

If yes, list and describe the nature and amount of each expense: _____

If yes, how do you plan on paying for this expense? _____

4. Are the assets in the estate sufficient to provide for the ongoing care of the person under conservatorship?

Yes No

If no, describe why and what steps should be taken to provide for the person under conservatorship: _____

CERTIFICATION UNDER PENALTY OF PERJURY

I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

Date Submitted: _____

Conservator's Signature

Typed/Printed Name

Street or Post Office Address

City, State and Zip Code

Telephone Number(s)

Fax Number

Email

Is this a change in address from your previous report? Yes No

CERTIFICATE OF SERVICE

I certify that on (date) _____ I served a copy to: (name all parties in the case other than yourself)

Person under conservatorship

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

By e-mail: _____

By mail

By fax (number): _____

By personal delivery

Attorney or Guardian ad Litem:

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

By e-mail: _____

By mail

By fax (number): _____

By personal delivery

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

By e-mail: _____

By mail

By fax (number): _____

By personal delivery

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

By e-mail: _____

By mail

By fax (number): _____

By personal delivery

(Name)

(Street or Post Office Address)

(City, State, and Zip Code)

By e-mail: _____

By mail

By fax (number): _____

By personal delivery

Typed/Printed Name

Conservator's Signature