

Return for the Estate of _____, (Deceased) (Ward)

Estate No. _____ Reporting Period: _____ to _____

(Conservator's) (Personal Representative's) Name: _____

Beginning Balance: *If this is the first return, use for a beginning balance the figures you listed on the inventory as the amount of funds in all bank accounts, certificates of deposit, stocks, bonds, or other securities. If this is not the first return, your beginning balance on this return should be the ending balance on the previous return.*

Date		Amount
	Beginning Balance: see above instructions for method of calculation	\$
Date	Receipts into the estate including interest earned; proceeds from sale of assets; social security; pension, etc.; itemize by category - use the second page of this form if necessary:	Amount
Line A	subtotal from second page	
	Total receipts	\$
TOTAL	BEGINNING BALANCE PLUS TOTAL RECEIPTS	\$

Date	Disbursements: itemize by category any distributions made to heirs, beneficiaries, or on behalf of wards. If this is a decedent's estate, you must specify the payee and amount paid to them. If this is a conservatorship, you must categorize disbursements by type, e.g. Utilities,@ or Anursing home,@ etc. Use the second page of this form if necessary	Amount
Line B	subtotal from second page	
	Total disbursements	\$

TOTAL	balance on hand: beginning balance plus total receipts less total disbursements	\$
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Please attach original bank documents showing ending balance and title of account.

I have compared the original vouchers with the items listed on the return and certify that this return is correct.

Personal Representative/Conservator

It is ordered that this return be allowed
this _____ day of _____, 20_____.

Personal Representative/Conservator

Amy K. Whitlock, Judge
Probate Court of Barrow County

Sworn to me this _____ day of _____, 20_____.

Notary Public or Clerk of Court

Estate No. _____

Date	Receipts into the estate:	Amount
		\$
LINE A	Subtotal for all receipts; transfer to front of page	\$

Date	Disbursements: itemize by category; any distributions made to heirs or beneficiaries should specify the payee and amount paid to them:	Amount
LINE B	Subtotal for all disbursements; transfer to front of page	\$

Name of Financial Institution or asset	Account Number(s)	Value listed on attached original documentation

Total balance on hand as shown by attached bank documentation: \$_____

Please attach original bank documents showing ending balance and title of account.

Instructions for Completing Annual Returns

1. For Computation of Beginning Balance:

- a. *If this is the first return*, use for a beginning balance the total approximate value of liquid personal property as you listed on the inventory.
- b. *If this is **not** the first return*, your beginning balance on this return must be the ending balance on the previous return.

2. A Receipts@ section:

a. **Decedent Estates - list:**

- \$ interest earned / unrealized gains
- \$ social security payments payable while decedent was alive
- \$ pension payments payable while decedent was alive
- \$ proceeds from sale of assets (sale after probate court approval, if powers not granted)
- \$ *itemize by category and use the second page of this form if necessary*

b. **Conservator Estates - list:**

- \$ interest earned / unrealized gains
- \$ proceeds from sale of assets after probate court approval
- \$ disability payments
- \$ IRA distributions
- \$ Workers= Compensation
- \$ Social Security (Adult Conservators Only)
- \$ pension
- \$ inheritances
- \$ annuity payments
- \$ *itemize by category and use the second page of this form if necessary*

3. A Disbursements@ section:

a. **Decedent Estates:**

- \$ list disbursements to beneficiaries or heirs at law with the payee and amount paid SPECIFIED.
- \$ debts may be itemized by type, e.g. Afuneral, burial@
- \$ show unrealized losses as disbursements
- \$ use the second page of this form if necessary
- \$ Note: you must file the certificate of mailing of inventory or annual return, signed by all personal representatives in front of a notary, listing the names and addresses of the recipients of the report.

b. **Conservator Estates:**

- \$ you must categorize disbursements by type
- \$ for adult Conservators ONLY, categories could include Autilities,@ or Anursing home,@ etc. (minor's funds should never be spent for expenses that the parent is responsible for providing, e.g. rent, utilities, food, etc. without specific order of the probate court)
- \$ no disbursements over \$200.00 may be titled A miscellaneous@ or Aassorted costs@
- \$ show unrealized losses as disbursement
- \$ use the second page of this form if necessary

4. Don't Forget!

- \$ all personal representatives / conservators must sign, in front of a notary or the probate clerk
- \$ most recent original bank statement(s) verifying the account balance and title of the account must be filed with the return
- \$ filing fees (\$40.00 Estate or \$40.00 Conservator) payable to the Barrow County Probate Court, must be transmitted with the return. Mail to Barrow County Probate Court, 652 Barrow Park Dr, Ste. D, Winder, GA 30680

IN THE PROBATE COURT OF BARROW COUNTY

STATE OF GEORGIA

CERTIFICATE OF MAILING OF ANNUAL/FINAL RETURN

IN RE: _____

DOCKET NO. _____

Personal Representative/Conservator: _____

The undersigned certifies that, on this date, a copy of annual/final return of the above estate/conservatorship was provided by first-class mail with adequate postage attached to the parties required to receive the same as provided by law. These include:

- The heirs of intestate estates or beneficiaries of a testate estate, and surety (bonding company) if any. O.C.G.A. §53-7-68
- In adult conservatorships, the surety (bonding company) the ward, and the guardian (if any). O.C.G.A. §29-5-60
- In minor conservatorships, the surety (bonding company) and the guardian. If there is no guardian OR if the conservator and the guardian are the same person, a copy must also be provided to the minor. O.C.G.A. §29-4-60

The parties provided with notice in compliance with the above are as follows (add additional pages, if necessary):

NAME:

ADDRESS:

Personal Representative of Estate

Address: _____

Telephone: _____

Personal Representative of Estate

Address: _____

Telephone: _____

Sworn to and subscribed before me

this _____ day of _____, 20____.

Notary Public or Clerk of the Probate Court