

**In the Circuit Court of Davidson County, Tennessee  
(Probate Division)**

IN RE:

\_\_\_\_\_  
Respondent

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 *Accountings* 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 #)

List **all** depository accounts (*money markets, savings, CD's, accounts, etc.*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Investment/Brokerage Accounts.**

List **all** brokerage or investment accounts (could also include *annuities, stocks, bonds, retirement accounts, IRA's, etc.*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Company) (Last 4 digits of account #)

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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Pursuant to *T.C.A. §34-1-116*, prior Court approval is not necessary for:

- the sale of a motor vehicle; or
- personal property with a fair market value of less than One Thousand and 00/100 Dollars (\$1,000.00).

*Exception:* If the personal property is being held for the benefit of the Respondent pursuant to the terms of a will, trust or other written document, Court approval is needed.

**Documentation of all sales will be required with filing of an annual accounting.**

List the **model(s)** and **location(s)** of any automotive vehicles owned by the Ward:

(Model)	(Location)
(Model)	(Location)
(Model)	(Location)



**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]***