IN THE PROBATE COURT OF COBB COUNTY STATE OF GEORGIA

IN RE: ESTATE OF		
	ESTATE NO	
Ward/Minor	Annual Return OR Final Return (Circle one) DATES OF REPORTING PERIOD:	
Conservator	From to	
RETURN OF C	CONSERVATOR	
SUMMARY:		
A. Beginning balance	\$	
(\$0 for initial Return or Line E of previous y	vear Return Summary)	
B. Total estate receipts/deposits/gains	\$	
(from page 2, item a of this Return)		
C. Subtotal (add lines A and B above)	\$	
D. Total expenditures/distributions/losses	\$	
(from page 3, item a of this return)		
E. Asset balance on hand (subtract D from C at	pove) \$	
Note: statements reflecting these balances st	· · · · · · · · · · · · · · · · · · ·	
F. Value of in-kind distributions	\$	
(from page 3, item b of this return)		
G. Current amount of bond		
	ф	

INCOME

AMOUNT
ALUE
/ALUE
and amou

DISBURSEMENTS

a. EXPENDITURES/DISTRIBUTIONS/LOSSES

DATE	RECIPIENT/PAYEE	AMOUNT
	TOTAL	

b. REAL AND/OR TANGIBLE PROPERTY DISTRIBUTED IN KIND:

DATE	DESCRIPTION AND RECIPIENT	VALUE
	TOTAL	

c. UNREALIZED LOSSES (from undistributed investments):

DATE	SOURCE/DESCRIPTION	VALUE
	TOTAL	

If applicable, please provide a note or memorandum of any other fact necessary to the exhibition of the true condition of the estate:			
VERIFICATION AND CER'	TIFICATION BY CONSERVATOR		
I/We,	(and),		
have compared the original vouchers or other certify that this return is correct. Further, I/V Guardian, the Ward, and surety, if any, as ref	± *		
Signature of Conservator	Signature of Co-Conservator, if any		
Printed Name	Printed Name		
Sworn to and subscribed before me, this	Sworn to and subscribed before me, this		
Day of, 20	Day of		
Notary Public or Clerk of the Probate Court	Notary Public or Clerk of the Probate Court		
Signature of Attorney:			
Typed/printed name of Attorney:			
Address:			
Telephone:	State Bar#		

IN THE PROBATE COURT OF COBB COUNTY STATE OF GEORGIA

IN RE: ESTATE OF ESTATE NO. Ward/Minor Annual Return OR Final Return (Circle one) DATES OF REPORTING PERIOD: From _____ to ____ Conservator CERTIFICATE OF MAILING OF ANNUAL/FINAL RETURN The undersigned certifies that, on this date, a copy of the annual/final return on the above Estate was provided by first-class mail, with adequate postage thereon, to the following persons (attach additional pages, if necessary): Name Address Name Address Name Address Name Address Name Address Signature of Co-Conservator, if any Signature of Conservator Printed Name Printed Name