

**IN THE PROBATE COURT OF WHITFIELD COUNTY, GEORGIA**

**RETURN OF FIDUCIARY**

**IN RE:**

\_\_\_\_\_ ) ESTATE NO. \_\_\_\_\_  
 Deceased )  
 )  
 )  
 ) **Final – Annual Return**  
 )  
 Administrator ) From \_\_\_\_\_ to \_\_\_\_\_

**SUMMARY OF ACCOUNTING**

A. CASH BALANCES FROM LAST ACCOUNTING	\$		
B. ADD TOTAL DEPOSITS/RECEIPTS FOR ALL ACCOUNTS	\$		
C. SUBTOTAL		\$	
D. TOTAL WITHDRAWALS AND EXPENDITURES		\$	
E. ENDING CASH BALANCE			\$

**VERIFICATION AND CERTIFICATION BY FIDUCIARY**

STATE OF GEORGIA  
 COUNTY OF WHITFIELD

I/We, \_\_\_\_\_, being duly sworn, depose and say that I am/we are the (Temporary Administrator)(Personal Representative) for the estate named above, that I/we now reside at \_\_\_\_\_ and that this is a full and true account of the estate for the period stated, to the best of my/our knowledge and belief. I/We do further certify to the Court: that all bond premiums due have been paid to date; that all income tax returns required have been filed to date; and that all taxes, including ad valorem taxes, have been paid to this date.

For purposes of contacting me/us with regard to this return, my/our daytime telephone number(s) is/are \_\_\_\_\_, my/our evening telephone number(s) is/are \_\_\_\_\_, my/our cell telephone number(s) is/are \_\_\_\_\_, and my/our email address(es) is/are \_\_\_\_\_.

I/We certify that copies of this Return have been mailed by me/us to the  beneficiary of the testate estate  heir of the intestate estate as required by law, except to each of the following who have delivered to me (us) a written waiver of the right to receive such copy, which waiver has not been revoked: \_\_\_\_\_.

Sworn to and subscribed before me on \_\_\_\_\_.

\_\_\_\_\_  
*Signature of Personal Representative*

\_\_\_\_\_  
 (Notary or Clerk, Probate Court)

\_\_\_\_\_  
*Signature of Co-Representative*

**TRANSACTION REGISTER**

**Bank:** \_\_\_\_\_ **Account No.** \_\_\_\_\_ **Account Type:**  Checking  Savings  Money Market  Other  
 Include all sums deposited into and paid or deducted from the account, including automatic deposits, automatic withdrawals and all bank charges.

DATE	CHECK NO.	Transaction Description Show source of all receipts/deposits. Show check number, payee and purpose of all expenditures/deductions	Deposit, Credit (Additions)	Payment, Fee, Withdrawal (Subtractions)	BALANCE
		<b>Beginning Balance (ending balance of previous return)</b>			
		<b>TOTAL DEPOSITS AND WITHDRAWALS</b>			
		<b>ENDING BALANCE [See Note on Page 2]</b>			

[NOTE: Please copy this page if additional space is needed. Enter the TOTALS on the last page.]

**OTHER ASSETS IN ESTATE**

DATE ACQUIRED	DESCRIPTION	Cost or Value at Acquisition
	<b>Investments Held by Broker/Institution (e.g., stocks, bonds, etc.):</b>	
Date	<b>Other Assets (e.g., real estate, automobiles, personal property)</b>	Present Value
TOTAL VALUE OF OTHER ASSETS IN ESTATE		\$

## ACCOUNT VERIFICATIONS

**NOTE: Use the certificates on this page to verify balances in each account held OR attach copy of bank statement for each account showing balances on ending date.**

### CERTIFICATE OF BALANCES ON DEPOSIT

\_\_\_\_\_  
*(Name and Address of Bank or Financial Institution)*

I do certify that on \_\_\_\_\_, 20\_\_\_\_, there was on deposit in this institution to the credit of the estate managed by this Conservator the following:

Checking Account Balance: \$ \_\_\_\_\_ Account Nos. \_\_\_\_\_.

Savings Account Balance: \$ \_\_\_\_\_ Account Nos. \_\_\_\_\_.

Certificate(s) of Deposit at Face Value: \$ \_\_\_\_\_ Certificate Nos. \_\_\_\_\_.

Interest paid and credited to the above accounts during period of this Statement of Account totaled \$ \_\_\_\_\_.

[Do NOT include accrued but unpaid interest.]

I further certify that each account is properly titled in the Conservator's fiduciary capacity for the benefit of the ward/minor.

\_\_\_\_\_  
*(Signature of Certifying Official)*

\_\_\_\_\_  
Printed Name and Title of Certifying Official

### CERTIFICATE OF BALANCES ON DEPOSIT

\_\_\_\_\_  
*(Name and Address of Bank or Financial Institution)*

I do certify that on \_\_\_\_\_, 20\_\_\_\_, there was on deposit in this institution to the credit of the estate managed by this Conservator the following:

Checking Account Balance: \$ \_\_\_\_\_ Account Nos. \_\_\_\_\_.

Savings Account Balance: \$ \_\_\_\_\_ Account Nos. \_\_\_\_\_.

Certificate(s) of Deposit at Face Value: \$ \_\_\_\_\_ Certificate Nos. \_\_\_\_\_.

Interest paid and credited to the above accounts during period of this Statement of Account totaled \$ \_\_\_\_\_.

[Do NOT include accrued but unpaid interest.]

I further certify that each account is properly titled in the Conservator's fiduciary capacity for the benefit of the ward/minor.

\_\_\_\_\_  
*(Signature of Certifying Official)*

\_\_\_\_\_  
Printed Name and Title of Certifying Official

### CERTIFICATE OF INVESTMENTS HELD

\_\_\_\_\_  
*(Name and Address of Institution)*

I do certify that on \_\_\_\_\_, 20\_\_\_\_, there were held by this institution to the credit of the estate managed by this Conservator the Investments totaling \$ \_\_\_\_\_ in a \_\_\_\_\_ account.

I further certify that all investments are properly titled in the Conservator's fiduciary capacity for the benefit of the ward/minor.

\_\_\_\_\_  
*(Signature of Certifying Official)*

\_\_\_\_\_  
Printed Name and Title of Certifying Official

**TO BE COMPLETED BY COURT STAFF**

**Calculation of Bond Sufficiency**

<b>Total Value of Personal and Intangible Property</b>	<b>\$</b>
<b>PLUS: Other Assets</b>	
<b>TOTAL VALUE TO BE BONDED</b>	<b>\$</b>
<b>CURRENT SURETY BOND AMOUNT</b>	
<b>AMOUNT OF BOND EXCESS/(DEFICIENCY)</b>	<b>\$</b>

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**ORDER ADMITTING RETURN TO RECORD**

The foregoing Return and its affidavit having been carefully examined and found correct, and having remained on file in office for \_\_\_\_\_ days and no objections having been filed thereto, the same is allowed; and it is ordered that said return together with its affidavit be recorded as the law requires.

\_\_\_\_\_  
Date

\_\_\_\_\_  
**JUDGE, PROBATE COURT OF WHITFIELD COUNTY**

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**ORDER DIRECTING RECORDING OF RETURN  
WITHOUT APPROVAL OR DISAPPROVAL**

The within and foregoing return having been filed and examined and having remained on file for more than thirty days and no objection to same having been filed, but it appearing to the Court that the return may evidence waste or mismanagement, it is ordered that the return be recorded **without approval or disapproval** by the Court and that a copy of same be served upon the surety on the conservator's bond.

\_\_\_\_\_  
Date

\_\_\_\_\_  
**JUDGE, PROBATE COURT OF WHITFIELD COUNTY**