

IN THE PROBATE DIVISION, CIRCUIT COURT, ST. LOUIS COUNTY, MISSOURI

In the Estate of _____

No. _____

Minor Incapacitated/Disabled

ANNUAL CONSERVATOR'S REPORT
(NO FURTHER PROCESS)

As conservator/co-conservators of the above-named individual, you must complete this report and return it to the court on or before the due date listed on the enclosed Notice of Entry. Failure to fully answer each question, sign and return this report including all verifications from the depositories will result in the issuance of a citation for your removal and imposition of other penalties.

The present address of the minor incapacitated/disabled person is:

My/Our present address is:

List all **restricted accounts** in which his/her money or property is deposited, the name and address of the depositories, and the total amount on hand in each account (attach additional sheets if necessary). **A Verification of Restricted Deposits form which is attached must be completed by each Depository.**

1. _____
2. _____
3. _____
4. _____
5. _____

Other than the accounts listed above, list all other accounts in which his/her money or property is deposited, the name and address of the depositories and the total amount on hand in each account (attach additional sheets if necessary).

1. _____
2. _____
3. _____
4. _____
5. _____

In the past 12 months have you received any other money or property for him/her?

		<u>Date Recd.</u>	<u>Amount</u>	<u>Representative Payee</u>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Social Security –	_____	\$ _____	_____
<input type="checkbox"/> YES <input type="checkbox"/> NO	SSI -	_____	\$ _____	_____
<input type="checkbox"/> YES <input type="checkbox"/> NO	VA Benefits –	_____	\$ _____	_____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Other* –	_____	\$ _____	_____

***Description of Other:**

In the past 12 months have you spent any of the money described above for him/her?
 YES NO If so, state the amount and purpose of the expenditures:

The undersigned swears that the answers set forth above are true and correct to the best knowledge and belief of the undersigned subject to the penalties of making a false affidavit or declaration.

Signed this _____ day of _____, 20_____

Signature of Conservator/Co-Conservators

Typed Name of Conservator/Co-Conservators

Street Address

City State Zip Code

RETURN TO:

St. Louis County Probate Court
105 South Central Avenue, Fifth Floor
Clayton, MO 63105

