

STATE OF SOUTH DAKOTA) IN CIRCUIT COURT
)
COUNTY OF _____) _____ JUDICIAL CIRCUIT

In the Matter of the Conservatorship of)
)
_____ ,)
)
a Minor Protected Person.) INITIAL ANNUAL FINAL OTHER
) **CONSERVATOR ACCOUNTING**
)

I/We, _____, the Conservators(s) of the above-named Individual, being duly sworn upon oath, state and affirm the following:

The Court appointed Conservator(s) in the above-entitled case on _____ (month) _____ (day), _____ (year). Unless this is an initial accounting, Conservators(s) last accounting period ended on _____ (month) _____ (day), _____ (year).

This accounting describes the status of the Individual and the efforts of his/her Conservators(s) from: _____ (month), ____ (day), _____ (year) to _____ (month), ____ (day), _____ (year).

[Note that SDCL 29A-5-408 provides that an accounting can only cover a maximum of one year.]

I/We further affirm the following as true and complete to the best of my/our knowledge:

- 1. The services provided by the Conservator(s) to the above-named Individual include *(describe the financial services, who provided them, when they were provided, and the outcomes for the Individual)*:

5. All receipts and disbursements/distributions from the above-named Individual's estate over the aforementioned accounting period are provided below:

<u>RECEIPTS</u> <u>(Do not include financial account #s.)</u>		<u>DISBURSEMENTS/DISTRIBUTIONS</u>	
Type:	Amount (\$):	Type:	Amount (\$):
Gross pay:		Guardian/Conservator fees, including bond payment:	
Pension/retirement/veteran's pay:		Attorney fees and legal costs:	
Social Security benefits:		Housing:	
Social Security Disability Insurance/worker's compensation/other insurance:		Medical services and personal care:	
Interest/dividends:		Pharmaceuticals:	
Profits/rentals/royalties:		Clothing and food:	
Sale, trade, conversion of assets:		Recreation:	
Other income:		Transportation:	
_____		Gifts:	
_____		Discretionary/personal spending by Individual:	
_____		Purchase of investments:	
_____		Other spending:	
_____		_____	
_____		_____	
_____		_____	
Receipts Sub-total:		Disbursement/Distribution Sub-Total:	
Disbursement/Distribution Sub-total (restated):	-		
Carry-over cash balance (prior to this accounting period):	+		
	=		
ENDING CASH BALANCE as of _____ (mm/dd/yyyy)			

6. The inventory of the above-named Individual's estate, as of ____ / ____ / ____ is as follows:

Month Day Year

<u>ASSETS/PROPERTY</u> <i>(No financial account numbers please.)</i>	<u>EST. VALUE</u>	<u>LIENS/DEBT</u> <i>(Type/Amnt., Item)</i>
Cash (on hand):	\$	
Checking/Debit Accounts:	\$	
Savings Accounts:	\$	
Certificates of Deposit:	\$	
Stocks:	\$	
Bonds:	\$	
Mutual Funds:	\$	
Trust Accounts:	\$	
Money Market Funds/Accounts:	\$	
Other Securities:	\$	
Home and Other Real Property <i>(give location, description):</i>	\$	
Furnishings and Appliances:	\$	
Vehicles:	\$	
Other Personal Property <i>(describe):</i>	\$ _____	
	\$ _____	
	\$ _____	
	\$ _____	
	\$ _____	
<u>TOTAL PROPERTY VALUE:</u>	\$ _____	

I/We request, pursuant to SDCL 29A-5-116, the reasonable compensation of \$ _____, to be paid from the above-mentioned Individual's estate, because *(if not requested, leave blank)*:

I/We request, pursuant to SDCL 29A-5-116, to be reimbursed for reasonable and necessary expenses incurred by the Conservator(s) on the Individual's behalf of \$ _____, and obtainable from the Individual's estate, the expenses detailed below *(if not requested, leave blank)*: _____

On this ____ day of _____, _____, I/we swear or affirm under oath that the information I/we have provided in this Accounting and Affidavit are true and correct to the best of my/our knowledge. I/we believe I am/we are entitled to the compensation and reimbursement if requested. I/we affirm that we have acted in the best interests of the Individual. **I/We shall mail a copy of this accounting to the parties listed in SDCL 29A-5-410 no later than fourteen days after filing this accounting. I/we shall also notify the parties that they must object in writing within fourteen days after receipt of the accounting or be barred thereafter from objecting. If this is for a Minor, I/we shall request the clerk seal this document pursuant to SDCL 29A-5-207.**

Conservator's Signature
(Sign only in front of Notary or Clerk)

Mailing Address

City, State, Zip Code

Telephone Number

E-mail Address

All Co-Conservators' Signatures (if any)

Signed and sworn to before me on this ____ day of _____, _____.

(SEAL)

Notary Public/Deputy Clerk of Courts
Commission Expires:

STATE OF SOUTH DAKOTA)

IN CIRCUIT COURT

COUNTY OF _____)

_____ JUDICIAL CIRCUIT

In the Matter of the Conservatorship of _____)

_____ GDN _____)

_____,)

AFFIDAVIT OF MAILING

a Minor Protected Person.)

I, _____, being sworn, state that on _____,)
(Full legal name of Conservator) (Month)

_____, _____, I served the Accounting and Objection Notice on the parties by placing)
(Day) (Year)

true and correct copies of the document in envelopes addressed to:

Names	Mailing Addresses

and depositing the envelopes, with sufficient postage, in the United States Mail at _____,)
(City)

_____.)
(State)

Dated this ____ day of _____, 20__

Signature of Conservator
(Sign only in front of Notary or Clerk)

Sworn/affirmed before me this _____ day of _____, _____.

Name: (Printed) _____
Mailing Address: _____
City/State/Zip: _____
Telephone: (____) _____

(Notary Public/Clerk of Courts)

If Notary, my commission expires: _____
(SEAL)

OBJECTION NOTICE – Time Sensitive

You have fourteen days from the day you received this enclosed accounting to file your objections, if any, to the accounting.

You must file these objections with the Clerk of Court in the South Dakota County noted at the top of the legal documents in this mailing.

Note that a court order approving the accounting is also a decision that there are no liabilities concerning matters disclosed in the accounting, pursuant to SDCL 29A-5-408.

If you fail to present your written objections, if any, within fourteen days, you are barred from objecting pursuant to SDCL 29A-5-408.