

IN THE CIRCUIT COURT OF JACKSON COUNTY, MISSOURI
AT _____
PROBATE DIVISION

IN THE ESTATE OF _____

ESTATE NUMBER _____

MINOR

ANNUAL STATEMENT OF AFFAIRS OF CONSERVATOR
(NO FURTHER PROCESS)

As conservator of the above-named minor, you must complete this report and return to the probate division on or before the date stated in the enclosed notice. Failure to fully answer each question, sign and return this report will result in issuance of a citation for your removal and imposition of other penalties.

1. Where is the minor presently living: (State address) _____

2. Where are you (the conservator) presently living? (State address) _____

3. What services, if any, are being provided to the protectee? _____

4. In your opinion, should this conservatorship continue? If no, why not? _____

5. In your opinion, should there be any changes in the scope of the conservatorship? _____

6. List all restricted accounts in which the minor's money or property is deposited, the name and address of the depositories and the total amount on hand in each account: _____

7. Other than the accounts listed in paragraph 6 above, list all other accounts in which the minor's money or property is deposited, the name and address of the depositories and the total amount on hand in each account: _____

8. In the past 12 months have you received any other money or property for the minor? _____
If so, state the date received, the amount or value, and the source thereof: _____

9. In the past 12 months have you spent any of the money described above for the minor? _____
If so, state the amount and purpose of the expenditures: _____

10. Please describe any other significant actions you took during this reporting period? _____

11. Please include any compensation requested and the reasonable and necessary expenses that you incurred as conservator. _____

12. Describe your plan for managing the protectee's assets for the upcoming year. _____

13. Please include any other information that you feel would be useful to the Court. _____

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.

Date: _____

SIGNED _____

TELEPHONE _____

MAIL TO: PROBATE DEPARTMENT, 308 W. KANSAS, STE 304, INDEPENDENCE, MO 64050
OR
PROBATE DEPARTMENT, 415 E. 12TH STREET, 9TH FLOOR, KANSAS CITY, MO 64106