

STATE OF SOUTH DAKOTA)
)
COUNTY OF _____)

IN CIRCUIT COURT

JUDICIAL CIRCUIT

<p>In the Matter of the:</p> <p><input type="checkbox"/> Conservatorship; <input type="checkbox"/> Conservatorship; or <input type="checkbox"/> Guardianship & Conservatorship</p> <p>Of: _____ a <input type="checkbox"/> Minor <input type="checkbox"/> Protected Person</p>	<p>File NO: _____</p> <p>CONSERVATORS ACCOUNTING <input type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Final <input type="checkbox"/> Other</p>
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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:

[Rest of page intentionally left blank]

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

<u>RECEIPTS</u> (Do not include financial #'s) Type: Amount(s)		<u>DISBURSEMENTS/DISTRIBUTIONS</u> Type: Amount(s)	
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 (restate):	-		
Carry-over cash balance (prior to the accounting period):	+		
	=		
ENDING CASH BALANCE AS OF (mm/dd/yyyy)			

2. The inventory of the above-named Individual's estate, as of / / is as follows: *(month day/year)*

ASSETS/PROPERTY <i>(No financial account numbers please.)</i>	EST. VALUE	LIENS/DEBT <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>	\$ \$ \$ \$ \$	

\$ _____

3. 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)*:

4. Besides the above-mentioned services, the Conservator(s) took the following significant actions on behalf of the Individual and his or her estate:

5. Does the conservatorship need to continue in its current form, or should it be modified or terminated? *(Check one)*:

- Current Form Modified Terminated

Explain why:

6. Any other information requested by the Court or useful in the opinion of the Conservator(s)?

7. 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*):

8. The inventory of any item of tangible personal property with a value of two thousand five hundred dollars or more which has come into the conservator's possession or knowledge for the minor or protected person:

9. The date on which the conservator completed the training curricula required pursuant to § 29A-5-119. _____ 20__.

On this _____ day of _____, 20_____, 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 sixty 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.

Sworn/affirmed before me this _____ day of _____, 20_____.

Notary Public/Clerk of Court

If Notary, my commission expires:

(SEAL)

Person's Signature

Name (Print): _____

Address: _____

City/State/Zip: _____

Phone Number: (____) _____

Co-Conservator's Signature (if any)

COUNTY OF _____

_____ JUDICIAL CIRCUIT

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I, _____, being sworn, state that on _____,
 _____ (Full legal name of Conservator) _____ (Month)
 _____, _____, I served the report on the parties by placing true and correct copies
 _____ (Day) _____ (Year)
 of the document in envelopes addressed to:

NAMES

MAILING ADDRESS

And depositing the envelopes, with sufficient postage, in the United States Mail at:

_____, _____.
 _____ (City) _____ (State)

Dated this _____ day of _____, 20_____.

Sworn/affirmed before me this _____ day of _____, 20_____.

 Notary Public/Clerk of Court

If Notary, my commission expires:

 (SEAL)

 Signature of Person's Signature

Name (Print): _____

Address: _____

City/State/Zip: _____

Phone Number: (____) _____

 Co-Conservator's Signature (if any)

OBJECTION NOTICE – Time Sensitive

You have sixty 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 sixty days, you are barred from objecting pursuant to SDCL 29A-5-408.