

In the Probate Court of Troup County  
State of Georgia

In Re Estate of:

Estate Number:

\_\_\_\_\_   
Deceased/Ward/Minor (Circle one)

Annual Return     Final Return

Dates of Reporting Period:

\_\_\_\_\_   
Administrator/Executor/Conservator (Circle one)    From \_\_\_\_\_ to \_\_\_\_\_

**Return of Fiduciary**  
**Summary of Cash Accounting**

- A. Beginning Cash Balance \_\_\_\_\_
- B. Total Deposits/Receipts for all accounts \_\_\_\_\_
- C. Subtotal (add B to A) \_\_\_\_\_
- D. Total Withdrawals/Expenditures for all accounts \_\_\_\_\_
- E. Cash Balance (subtract D from C) \_\_\_\_\_
- F. Value of any other Estate Assets \_\_\_\_\_

**Verification and Certification by Fiduciary**

I/We \_\_\_\_\_ being duly sworn, depose and say that I/we are the Personal Representative(s)/Conservators for the above named estate/minor/ward, that I/we 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 have been paid; all income tax returns required have been filed; and all taxes due have been paid. For purposes of contacting me/us with regard to this return, my/our daytime phone number is \_\_\_\_\_ and my/our email address is \_\_\_\_\_. I/We certify that a copy of this Return has been mailed by me/us to the beneficiary(ies) of a testate estate or heir(s) of an intestate estate or if a conservatorship, to the ward or minor and his or her guardians, and surety on the bond as required by law.

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

\_\_\_\_\_  
Signature of Fiduciary

\_\_\_\_\_  
Notary public or Clerk of Probate Court

\_\_\_\_\_  
Signature of Co-Fiduciary

# Transaction Register

Bank Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type:  Checking     Savings     Money Market     Other

Include **ALL** sums deposited into and paid from the account, including interest, automatic/direct deposits or withdrawals and all bank charges.

**Date      Check #      Payee/Payor and Description                      Deposit      Withdrawal      Balance**

		Beginning Balance			
		<b>Total Deposits and Withdrawals</b>			
		<b>Ending Balance</b>			

# Other Assets in Estate

(You do NOT need to complete this if you are a Conservator)

Date Valued	Investments held by Broker/Institution (Stocks, bonds, etc.)	Value

Date Valued	Other Assets (Real Estate, Automobiles, Collections, Jewelry, etc.)	Value

Total Value of Other Assets in Estate \$ \_\_\_\_\_

## Account Verifications

Use the certificates on this page to verify balances in EACH account held AND attach an ORIGINAL bank statement for each account showing balance on ending date of Return. Please copy this page if you need additional certificates.

### Certificate of Balances on Deposit

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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 Fiduciary the following:

Checking Account balance: \$ \_\_\_\_\_ Account Number: \_\_\_\_\_

Savings Account balance: \$ \_\_\_\_\_ Account Number: \_\_\_\_\_

Certificates of Deposit Face Value: \$ \_\_\_\_\_ Certificate Number: \_\_\_\_\_

Interest paid and credited to the above accounts during period of Return totaled: \$ \_\_\_\_\_ (DO NOT include accrued but unpaid interest)

I further certify that each account is properly titled in the Fiduciary's Capacity for the benefit of the Estate/Ward/Minor.

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Signature of Certifying Official

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Printed Name and Title of Certifying Official

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### Certificate of Investments Held

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Name and Address of Bank or financial institution

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

I further certify that each account is properly titled in the Fiduciary's Capacity for the benefit of the Estate/Ward/Minor.

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Signature of Certifying Official

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Printed Name and Title of Certifying Official

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**This page to be completed by Court Staff**  
**Calculation of Bond Sufficiency**

Total value of personal and intangible property	\$ _____
Plus: any other cash assets	\$ _____
Plus: Annual Income (In Conservatorships ONLY)	\$ _____
Total Value to be bonded	\$ _____
Current Bond on Record dated _____	\$ _____
Bond Excess or Deficiency	\$ _____

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**Return Audited**

Audited/Approved on: \_\_\_\_\_ By: \_\_\_\_\_, Clerk

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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 this office for at least 30 days and no objections having been filed, the same is allowed; and it is Ordered that said Return together with its affidavit be recorded as the law requires.

Filed: \_\_\_\_\_  
Honorable Debbie Wade, Judge  
Troup County Probate Court

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**Order Directing the Recording of Return without Approval or Disapproval**

The foregoing Return having been filed and examined and having remained on file for at least 30 days and no objection to the 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 the same be served upon the surety on the fiduciary's bond.

Filed: \_\_\_\_\_  
Honorable Debbie Wade, Judge  
Troup County Probate Court