

IN THE CHANCERY COURT OF SULLIVAN COUNTY
AT
(BLOUNTVILLE), (BRISTOL), (KINGSPORT), TENNESSEE

IN THE MATTER OF:

Civil Action # _____

(Ward/Minor)

_____ SETTLEMENT OF _____
(Annual/Interim/Final) (Conservator/Guardian)

OF THE ESTATE OF _____, FOR THE
TIME PERIOD OF _____, THE UNDERSIGNED
FIDUCIARY WOULD RESPECTFULLY STATE THAT HE/SHE IS CHARGEABLE
WITH THE FOLLOWING ASSETS BELONGING TO SAID ESTATE:

ASSETS

Beginning Balance:

Income:

TOTAL ASSETS: \$ _____

**STATEMENT OF FIDUCIARY AS TO PHYSICAL OR MENTAL
CONDITION OF THE DISABLED PERSON**

Comes now, _____, the duly appointed and
qualified Conservator/Guardian of _____, and would
(Ward/Minor)

respectfully show unto the Court the following:

That the ward/minor, _____, continues to need a
Conservator/Guardian due to _____

(Specify the physical or mental condition of the disabled person)

That the ward/minor is presently residing at the following address: _____
_____.

This statement is furnished to demonstrate to the Court the need, or lack of need, for the
continuation of the fiduciary's services.

This _____ day of _____.

(Conservator/Guardian)

(Address)

(City/State/Zip Code)

(Telephone No.)

**STATEMENT AS TO FILING OF UNITED STATES
OR TENNESSEE INCOME TAX RETURN**

This Guardianship/Conservatorship is not required to file either a federal or state tax return for the period of this accounting because the taxable income for its most recent taxable year was within the exemption provided by Internal Revenue Code § 6012 and TCA § 67-2-104. The gross income for the last year was \$_____.

This _____ day of _____ 20_____.

Conservator/Guardian

STATEMENT FROM CORPORATE SURETY

TO THE CLERK & MASTER:

We, _____
(Name of Corporate Surety)

pursuant to T.C.A. 34-11-111(D) hereby submit the following statement.

That we are surety on the bond of _____
(Fiduciary)

as Conservator/Guardian for _____
(Ward/Minor)

and that the bond is presently in the amount of \$_____.

We further state that said bond is in force for the next annual period, and will remain in effect until the Surety is discharged by Court order.

This _____ day of _____ 20_____.

(Name of Corporate Surety)

By: _____
(Attorney in Fact)

Agency Name: _____

Address: _____

Telephone No. _____