

In the Probate Court of Wilson County, Tennessee

FIDUCIARY OATH

IN THE MATTER OF:

_____)
Respondent

Docket No. _____

STATE OF TENNESSEE)
COUNTY OF _____)

I, _____
do hereby solemnly swear or affirm that I will honestly and faithfully perform the duties as the court-appointed fiduciary in this matter and further shall honestly and faithfully promise to timely file each required inventory and accounting, unless waived by this Court, and to spend the assets of the minor or person with a disability only as approved by the court. The inventory must be filed within sixty (60) days after my appointment date. The accounting and status report are due six (6) months from the date of my appointment and yearly thereafter.

I understand the needs and preferences of the person with a disability are important and should be considered. I will treat him/her with respect. I will not physically, mentally, sexually or financially abuse or exploit him/her.

I will follow the Orders of the Court. I understand that if the authority is not specifically listed in the Order, I cannot make the decision on behalf of the person with a disability.

I am the Conservator for the: (Please check all that apply)

- PROPERTY OF THE RESPONDENT
 PERSON OF THE RESPONDENT
 PERSON & PROPERTY OF THE RESPONDENT

PROPERTY:

I WILL:

- a. Make decisions based upon the best interest of the person with a disability.
- b. Notify the Court if my address changes or if the person with a disability's address changes.
- c. Notify the Court if I believe the person with a disability no longer needs a conservator.

d. File Reports on time unless waived by the Court; Inventory, Property Management Plan, Status Report, Annual/Final Accountings, tax returns, Corporate Surety Statement, and Social Security Statement of Account.

e. Open a conservatorship bank account and deposit all of the person with a disability's income into the account.

e. Keep good, accurate records. If an Accounting is required, I understand I must provide financial statements, (bank, investment, credit cards, etc.), copies of cancelled checks, invoices, receipts, tax returns, etc.

I WILL NOT:

a. Limit communication and/or access to visitors unless specifically authorized by the Court.

b. Spend the person with a disability's money/property on myself or pay myself without court approval.

c. Spend the person with a disability's money/property on anyone else or pay anyone else without court approval.

d. Make gifts on behalf of the person with a disability without court approval.

e. Put my money (or anyone else's) in the conservatorship bank account.

f. Borrow money from the person with a disability or loan money to others from the person with a disability's assets.

g. Mortgage or sell the person with a disability's real property without court approval.

h. Spend more than \$1,000 on a single expenditure without express permission granted in a Property Management Plan or other Court Order.

i. Re-title assets of the person with a disability into my personal name.

j. Pay Guardian ad litem fees, Attorney ad litem fees, Attorney fees or fees for professional tax preparation without specific court approval.

SO HELP ME GOD.

Signature of Affiant:

Address of Affiant:

E-mail & Phone #:

Sworn to and subscribed before me this _____ day of _____, 20 _____.

Notary Public / Deputy Clerk

My Commission Expires: _____