

6. What are the current assets of the Protected Person managed by the Conservator:

DESCRIPTION OF ASSET	LOCATION OF ASSET OR NAME OF FINANCIAL INSTITUTION	CURRENT FAIR MARKET VALUE	COVERED BY INSURANCE?
REAL PROPERTY (Provide information on all real property held in the Protected Person's name except those held with rights of survivorship, to include, but not limited to Protected Person's home, rental properties, vacant land.)			
INVESTMENTS (Provide information on all conservatorship restricted accounts, stocks, bonds, notes, receivables, checking and savings accounts, certificates of deposit, mutual funds, retirement accounts, etc.)			
MOTOR VEHICLES (Provide information on all motor vehicles titled in the Protected Person's name, either individually or jointly, or in the Conservator's name for the Protected Person.)			
OTHER ASSETS (Provide information on all other assets owned by the Protected Person including, but not limited to: business interests, home furnishings, collections, boats, recreational vehicles, jewelry, firearms, etc.)			

NOTE: IF THE SPACE PROVIDED IS NOT SUFFICIENT TO ANSWER THE QUESTIONS ABOVE, PLEASE COMPLETE YOUR ACCOUNTING ON A SEPARATE SHEET OF PAPER AND ATTACH.

PROOF OF DELIVERY

On the ____ day of _____, 20____, I mailed or delivered this Conservator Report to all persons required to receive a copy of this Report pursuant to S.C. Code Ann. § 62-5-416(C) and any Orders of this Court. Delivery was accomplished by the following method (*check appropriate box(es)*):

- personal delivery
- certified mail
- commercial delivery
- ordinary first-class mail
- registered mail

NAME

ADDRESS

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

VERIFICATION

The Conservator being sworn, states that the facts set forth in the foregoing Conservator Report are true and correct to the best of the Conservator's knowledge.

SWORN to before me this _____ day of _____, 20____.

Conservator's Signature: _____
Print Name: _____
Address: _____

Print Name: _____
Notary Public for: _____
(State)
My Commission Expires: _____
(Date)

Preferred Telephone: _____
Secondary Telephone: _____
Email: _____

SWORN to before me this _____ day of _____, 20____.

Co-Conservator's Signature: _____
Print Name: _____
Address: _____

Print Name: _____
Notary Public for: _____
(State)
My Commission Expires: _____
(Date)

Preferred Telephone: _____
Secondary Telephone: _____
Email: _____

PLEASE CHECK THIS BOX IF THE CONTACT INFORMATION FOR THE CONSERVATOR HAS CHANGED SINCE THE LAST REPORT.