

STATE OF MICHIGAN PROBATE COURT COUNTY	ACCOUNT OF FIDUCIARY, SHORT FORM <input checked="" type="checkbox"/> 1st <input type="checkbox"/> Annual <input type="checkbox"/> Final <input type="checkbox"/> Interim Number <input type="checkbox"/> AMENDED	CASE NO. and JUDGE 22-001060-CA-P33
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Court address 313 W. Kalamazoo St., Unit 1, Lansing, MI 48933 **Court telephone no.** 517-483-6300

In the matter of Margaret Rose Bishop
First, middle, and last name

In a guardianship or conservatorship, the ward's or protected individual's current address and telephone number are:
3512 Sandhurst Dr., Lansing, MI 48911

1. I, Michael Alan Bishop (Jr), am the Conservator
Name Title
of the estate and submit the following as my account, which covers the period from 9/23/22
Month, day, year
to 9/22/23 (may not exceed 12 months).
Month, day, year

Note: Do not put financial account numbers on this form. If an account number is necessary to distinguish between accounts, put it on form MC 97.

COLUMN 1. INCOME, GAIN, AND OTHER RECEIPTS		COLUMN 2. EXPENSES, LOSSES, AND OTHER DISBURSEMENTS	
New Bank Account	\$ 27,795.00	Annual Insurance Bond	\$ 1,810.00
Social Security	13,249.97	Home Insurance (residence)	570.00
Sparrow Health (pension)	3,335.97	Utilities (Internet, Electric, Gas, etc)	3,432.00
Fidelity	1,901.68	Deepdale Memorial	4,318.20
Sychrony	44,261.33	Driveway/Yard maintenance	1,005.00
		Home repairs/renovations	8,591.22
		Personal expenses (clothing, hygiene, etc)	729.99
		Medical expenses (Health care misc)	718.32
		Brookdale Senior Living Care	54,209.64
		City Of Lansing - Taxes	3,053.48
		Misc expenses (professional fees, etc)	106.00
Investment gain		Investment loss	
Total Column 1	90,543.95	Total Column 2	78,543.85
(Enter on line 2.b on page 2.)		(Enter on line 2.d on page 2.)	

2. a. Balance on hand from last account, or value of inventory, if first account.....	\$ 70,628.69
b. Enter Total Column 1, Income, Gain, and Other Receipts, from page 1 of this form.....	\$ 90,543.95
c. Subtotal (Add line 2.a to line 2.b and enter the amount here).....	\$ 161,172.64
d. Enter Total Column 2, Expenses, Losses, and Other Disbursements, from page 1 of this form.....	\$ 78,543.85
e. Balance of assets on hand (Subtract line 2.d from line 2.c and enter the amount here).....	\$ 82,628.79

This line must equal the last line in item 3. (Itemize assets below.)

3. The balance of assets on hand are as follows:

ITEMIZED ASSETS REMAINING AT END OF ACCOUNTING PERIOD		
Conservator checking	\$	80,385.90
Mom's Checking		2,242.89
Total balance on hand. This line must equal the last line in item 2.	\$	82,628.79

NOTE: In guardianships and conservatorships, except as provided by MCR 5.409(C)(4), you must present to the court copies of corresponding financial institution statements or you must file with the court a verification of funds on deposit, either of which must reflect the value of all liquid assets held by a financial institution dated within 30 days after the end of the accounting period.

4. The interested persons, addresses, and their representatives are identical to those appearing on the initial application/petition, except as follows: (For each person whose address changed, list the name and new address; attach separate sheet if necessary.)

N/A

5. This account lists all income and other receipts and expenses and other disbursements that have come to my knowledge.
- This account is not being filed with the court.
- My fiduciary fees incurred during this accounting period (including fees that have already been approved and/or paid for this accounting period) are \$ _____. Attached is a written description of the services performed.
- Attorney fees incurred during this accounting period (including fees that have already been approved and/or paid for this accounting period) are \$ _____. Attached is a written description of the services performed.

I declare under the penalties of perjury that this account has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

9/22/23

Date

Attorney signature

Attorney name (type or print)

Bar no.

Address

City, state, zip

Telephone no.

Fiduciary signature

Michael A. Bishop (Jr)

Fiduciary name (type or print)

8607 Carlsbad Lane

Address

Lansing, MI 48917

517-775-4916

City, state, zip

Telephone no.

(For accounts that must be filed with the court.)

NOTICE TO INTERESTED PERSONS

1. You must bring to the court's attention any objection you have to this account. Except in guardianships and conservatorships, the court does not normally review the account without an objection.
2. You have the right to review proofs of income and disbursements at a time reasonably convenient to the fiduciary and yourself.
3. You may object to all or part of an accounting by filing a written objection with the court before the court allows the account. You must pay a \$20.00 filing fee to the court when you file the objection. (See MCR 5.310[C].)
4. If an objection is filed and is not otherwise resolved, the court will conduct a hearing on the objection.
5. You must serve the objection on the fiduciary or his/her attorney.