

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
AT _____

In the Matter of the Protective Proceedings of:)
)
_____)
(Name of Protected Person))
)
Date of Birth: _____))
)
Residential location of Protected Person: _____))
_____))
) CASE NO. _____
Protected Person's Telephone #: _____))
_____)) FINAL CONSERVATORSHIP REPORT

Instructions To Conservator

Please type or print clearly using black ink. In preparing the report, you must consult with the protected person as much as possible (if the protected person is still living). The court will treat the information in this report as confidential.

If you are unable to complete this form without help, you may find assistance on the website of the Office of Public Advocacy (OPA): www.state.ak.us/guardianship. Your local library and court may also have a binder of helpful information entitled "Family Guardian Education Materials," prepared by the Alaska State Association for Guardianship and Advocacy. You may also call OPA at 269-3500 (in Anchorage), 451-5933 (in Fairbanks) or 1-877-957-3500.

After completing this report, you must sign it under oath (or affirmation) in the presence of a notary public or court clerk. See last page.

The purpose of this report is to tell the court why your service as conservator is ending and what has happened to the protected person and the protected person's assets since you filed your last annual report.

Reporting Period

This report covers the period: From the end of the last reporting period: _____
To the date my services as conservator ended: _____

Information About Conservator

Conservator's Name _____ Daytime Phone _____

Mailing Address _____
(box or street number) (city) (state) (ZIP)

Check here if this mailing address is new.

Relationship to protected person: _____

Was a separate guardian appointed for the person? No Yes Name: _____

3. **School and Job Training.**

Since the last report to the court, did the protected person attend school or receive any type of job training? No Yes. Describe studies (include name and location of school): _____

Cost: _____

4. **Work.**

Was the protected person employed at any time during the period since the last report to the court? No Yes. Describe (include type of work, name of employer, address, phone, and how long employed): _____

5. **Contacts With Protected Person.**

Describe your contacts with the protected person in the period since your last report to the court:

<u>Type of Contact</u>	<u>How Often</u>
<input type="checkbox"/> in person	_____
<input type="checkbox"/> by telephone	_____
<input type="checkbox"/> by mail or e-mail	_____
<input type="checkbox"/> through 3rd person: _____	_____
<input type="checkbox"/> other: _____	_____

6. **Decision Making.**

Have there been any changes in the protected person's ability to make decisions on financial matters? _____

7. **Significant Actions.**

Describe any significant actions you took as conservator for the protected person during the period since your last report was filed with the court (including any actions taken regarding the protected property and funds): _____

8. **Additional Information.**

List any additional information about the protected person that you wish to report to the court: _____

9. **Protected Person's Income Since Last Annual Report.** (List only the income of the protected person. Do not list your income.)

<u>Income Source</u>	<u>Amount Received Since Last Annual Report</u>
Social Security Benefits:	
a. SSA:	_____
b. SSI:	_____
Adult Public Assistance:	_____
Veterans Financial Benefits:	_____
Alaska Longevity Bonus:	_____
Permanent Fund Dividend:	_____
Native Corporation Dividend:	_____
Wages:	_____
Dividends/Interest:	_____
Rental Income:	_____
Pension:	_____
Annuities:	_____
Other (describe):	_____
_____	_____
_____	_____

Total Income Received Since Last Annual Report: _____

10. **Protected Person's Expenses Since Last Annual Report.** (Money paid to anyone on behalf of protected person or his/her legal dependents. Do not include your personal expenses. Attach extra pages if necessary.)

<u>Expense</u>	<u>Description</u>	<u>Amount Spent Since Last Annual Report</u>
Nursing/ Assisted Living Home:	_____	_____
Rent Payment:	_____	_____
Mortgage Payment:	_____	_____
Utilities:	_____	_____
Transportation:	_____	_____
Medical Treatment Costs:	_____	_____
Medications:	_____	_____
Credit Card Payments:	_____	_____
Food:	_____	_____
Clothing:	_____	_____
Recreation or Entertainment:	_____	_____
Personal Expenses (include allowance):	_____	_____
Income Tax/Property Tax:	_____	_____
Home/Property Maintenance Costs:	_____	_____
Insurance		
Home Insurance:	_____	_____
Auto Insurance:	_____	_____
Medical Insurance:	_____	_____
Life Insurance:	_____	_____
Gifts:	_____	_____
Child/Spousal Support:	_____	_____
Fees/Costs Paid to Conservator:	_____	_____
Burial Expenses:	_____	_____
Other (list all other payments made):	_____	_____
	_____	_____
	_____	_____
Total Expenses Since the Last Annual Report:		_____

11. **Money Controlled By Protected Person.**

Since the last annual report was filed, did the protected person have sole control over any money? Yes No

If yes, please explain: _____

Is this money included in the income and expenses listed in #9 and #10? Yes No
Explain: _____

12. **Protected Person's Assets on the following date:** _____.
 (List all assets the person owned individually or jointly. Attach extra pages if necessary.)

a. **Cash on hand (not in an account)** \$ _____ (amount) _____ (where located)

Explain any changes since last report: _____

b. **Burial Account**

Name of Bank or Institution	Type of Account	Account Number	Balance

Explain any changes since last report: _____

c. **Alaska Native Corporation Dividend Account**

Name of Bank or Institution	Type of Account	Account Number	Balance

Explain any changes since last report: _____

d. **List all other bank accounts, certificates of deposit, etc.** Attach the most recent bank statement. Attach additional pages if necessary.

Name of Bank or Institution	Name(s) on Account	Account Number	Balance

Explain any changes since last report: _____

- e. **List all Brokerage Accounts, Stocks, Bonds, and Other Securities.** Attach the most recent account statement. Attach additional pages if necessary.

Name of Company	Name(s) on Account	Account Value on _____ (date)

Explain any changes since last report: _____

- f. **Retirement Accounts.**

Name of Company	Beneficiary	Current Value

Explain any changes since last report: _____

- g. **Life Insurance Policies (policies the protected person owns).**

Name of Company	Beneficiary of Life Insurance	Face Value of Life Insurance	Cash Value of Life Ins.

Explain any changes since last report: _____

- h. **Real Estate that Protected Person Owns (land and buildings).** Attach tax assessment, if available.

- (1) Does person own a home? No Yes. Estimated Value:\$ _____
Address: _____
Description: _____
Is there a joint owner? No Yes
Explain any changes since last report: _____

(2) Other Real Estate. Estimated Value: \$ _____
 Address: _____
 Description: _____
 Is there a joint owner? No Yes
 Explain any changes since last report: _____

i. **Vehicles.** (List any cars, boats, snow machines, off-road vehicles, airplanes, etc.)

<u>Type of Vehicle</u>	<u>Year, Make & Model</u>	<u>Value</u>	<u>Co-Owner</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Explain any changes since last report: _____

j. **Furniture, Appliances and Electronic Equipment exceeding \$400 in Value.**
 Attach additional pages if necessary.

<u>Description of Item</u>	<u>Approximate Age</u>	<u>Value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Explain any changes since last report: _____

k. **Jewelry, Gems, Precious Metals, Coin or Stamp Collections, Other Collections, Artwork, Raw or Decorated Ivory.** Attach additional pages if necessary.

<u>Description of Item</u>	<u>Location</u>	<u>Value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Explain any changes since last report: _____

1. **Other Personal Property.** (List any item that has a value over \$400. Please include any collectibles and any other items that are particularly susceptible to theft. Give details sufficient to allow a third party to identify the item. Attach extra pages, if necessary.)

<u>Description of Item</u>	<u>Location</u>	<u>Value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Explain any changes since last report: _____

m. **Commercial Fisheries Interests (IFQs or limited entry permits).** Value

_____	_____
_____	_____

Explain any changes since last report: _____

TOTAL ASSETS (Total value of all items in #12 a through m) \$ _____
Total Assets at End of Previous Reporting Period: \$ _____
Change in Total Assets Since Previous Reporting Period: \$ _____

13. **Protected Person's Liabilities as of _____.**
 (date)

(List all debts the protected person owes. Attach extra pages if necessary.)

a. **Real Estate Debts.**

(1) Home described in #12(h)(1). Loan balance: \$ _____
 Explain any changes since last report: _____

(2) Property described in #12(h)(2). Description: _____
 Loan balance: \$ _____
 Explain any changes since last report: _____

b. **Other Loans.**

<u>Lender (Name & Address)</u>	<u>Purpose (loan type)</u>	<u>Loan Number</u>	<u>Balance Due</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Explain any changes since last report: _____

c. **Credit Cards.**

<u>Company (Name & Address)</u>	<u>Card</u>	<u>Card Number</u>	<u>Balance Due</u>
-------------------------------------	-------------	--------------------	--------------------

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

Explain any changes since last report: _____

d. **Judgments/liens.**

Description

Balance Due

_____	_____
_____	_____

Explain any changes since last report: _____

e. **Amounts Owed For Services.**

<u>Service</u>	<u>To Whom Owed</u>	<u>Balance Due</u>
----------------	---------------------	--------------------

(1) Medical Services	_____	_____
(2) Attorney Services	_____	_____
(3) Conservator Services	_____	_____
(4) Other _____	_____	_____

Explain any changes since last report: _____

TOTAL LIABILITIES (Total all items in #13 a through e): \$ _____

Total Liabilities at End of Previous Reporting Period: \$ _____

Change in Total Liabilities Since Previous Reporting Period: \$ _____

14. **NET ASSETS** (Subtract Total Liabilities from Total Assets):

Total Assets from 12 a - m \$ _____

Total Liabilities from 13 a - e \$ _____

Net Estate Value \$ _____

Net Assets at End of Previous Reporting Period: \$ _____

Change in Net Assets Since Previous Reporting Period: \$ _____

15. **Trusts.** The protected person is a beneficiary of the following trust(s) (meaning the person has the right to receive benefits of some kind from the trust):

Name of Trust: _____

Name and Address of Trustee: _____

If registered with the court, list trust registration no. _____ State _____

Do you know what benefits the protected person is supposed to receive from the trust?

Yes No

Is the protected person receiving the benefits from the trust that he/she is supposed to receive? Yes No I do not know.

Explain any changes since last report: _____

16. **Assets Released.**

The protected person's assets were released as follows:

<u>Asset Released</u>	<u>Date</u>	<u>To Whom Released (Name and Address)</u>	<u>Authority of Person To Receive This Property *</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

* For authority, list recipient's role, such as former protected person, new conservator, personal representative of deceased person's estate, special administrator, temporary property custodian or heir.

Oath

I do solemnly swear (or affirm) that the information given in this report is true and correct to the best of my knowledge and belief.

_____ Date _____ Conservator's Signature

Subscribed and sworn to or affirmed before me at _____, Alaska
on _____, 20__.

(SEAL)

Clerk of Court, Notary Public or other person
authorized to administer oaths.
My commission expires: _____

I certify that on _____,
I gave a copy of this report and its
attachments to:

- protected person
- protected person's attorney or guardian ad litem (if currently representing protected person): _____
- parent or guardian with whom protected person resides (if any): _____
- protected person's guardian (if a separate guardian was appointed): _____
- the following person(s) designated by court order: _____

Conservator's Signature