

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:)
_____))
Protected Person's Telephone #:)
_____))
_____)

CASE NO. _____

**CONSERVATOR'S
IMPLEMENTATION REPORT
AND INVENTORY**

Instructions

Please type or print clearly using black ink. In preparing the report, you must consult with the protected person as much as possible. 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): http://doa.alaska.gov/opa/pg/pub_guard.html. 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 give the court as complete a picture as possible of the protected person's current financial situation.

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. If you change your address, please notify the court.

Residence Address _____
(street address) (city) (state)

Do you live with the protected person? Yes No

Relationship to protected person: _____

Has a separate guardian been appointed for the person? No Yes

Name: _____

If you are a private conservator charging fees, is there a court order authorizing payment of fees and establishing an hourly rate and maximum monthly amount as required by Probate Rule 17 and AS 08.26.110? Yes No I do not charge fees.

Information About Protected Person

1. **Housing.**

Describe where the protected person lives:

Name of facility or place: _____

Address: _____
(street address) (city) (state) (ZIP)

Type of Residence: nursing home assisted living home _____

If the protected person lives in your home, do you charge him/her rent? Yes No

If you live in the protected person's home, are you paying him/her rent? Yes No

2. **School and Job Training.**

Does the protected person attend school or any type of job training?

Cost: _____

3. **Work.**

Is the protected person employed?

No.

Yes. Describe (include type of work, name of employer, address, phone, and how long employed):

4. **Contacts.**

Describe your contacts with the protected person since you were appointed conservator:

<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: _____	_____

5. **Decision Making.**

When a decision has to be made about the protected person's financial affairs, how are the decisions made?

a. Describe decisions made by protected person alone:

b. Describe decisions made by conservator alone:

c. Describe decisions made by conservator and protected person together:

6. **Dependents.** (List anyone the protected person is legally required to support.)

<u>Name</u>	<u>Relationship to Person</u>	<u>Date of Birth (if under 18)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. **Conservator Services.**

a. Briefly describe the conservator services you plan to provide to the protected person:

b. What are you doing or planning to do to help the protected person learn to manage and protect his/her money?

8. **Protected Person's Current Monthly Income.** (List only the income of the protected person. Do not list any of your own income. Divide any yearly amounts by 12. Divide quarterly amounts by 3.)

<u>Income Source</u>	<u>Monthly Amount</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 Monthly Income:	_____

- 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

- 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)

- f. **Retirement Accounts.**

Name of Company	Beneficiary	Current Value

- 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.

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

- (1) Does protected person own a home? No Yes
 Estimated Value: \$ _____
 Address: _____
 Description: _____
 Is there a joint owner? No Yes
- (2) Other Real Estate. Estimated Value: \$ _____
 Address: _____
 Description: _____
 Is there a joint owner? No Yes

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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

l. **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>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

_____	_____
_____	_____

TOTAL ASSETS (Total value of all items in #10 a through m) \$ _____

11. **Protected Person's Liabilities.** (List all debts the protected person owes, including mortgages, loans, credit card debt, etc. Attach extra pages if necessary.)

a. **Real Estate Debts.**

(1) Home described in #10(h)(l).

Loan balance: \$ _____

(2) Property described in #10(h)(2).

Description: _____

Loan balance: \$ _____

b. **Other Loans.**

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

c. **Credit Cards.**

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

d. **Judgments/liens.**

<u>Description</u>	<u>Balance Due</u>
_____	_____
_____	_____

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 _____	_____	_____
	_____	_____

TOTAL LIABILITIES (Total all items in #11 a through e): \$ _____

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

Total Assets from 10 a - m.	\$ _____
Total Liabilities from 11 a - e	\$ _____
Net Estate Value	\$ _____

13. **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.

14. Did the protected person help you prepare (provide information for) this report?

Yes No

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 has been appointed): _____

the following person(s) designated by court order:

_____ Conservator's Signature