

User's Manual for Conservators in Colorado

This User's Manual for Conservators in Colorado is a collaborative effort of the staff of the State Court Administrator's Office, the Protective Proceedings Task Force and members of the Colorado Bar Association.

This manual is intended to assist the newly appointed Conservator and to identify your responsibilities and to introduce you to important Conservatorship issues. This is not a comprehensive manual to address every situation as we have designed this manual to highlight many of the common situations that one may need to address as a Conservator. You are expected to familiarize yourself with the provisions of the Colorado Uniform Guardianship and Protective Proceedings Act, §15-14-101, C.R.S. through §15-14-433, C.R.S. that relate to protective proceedings for minors and adults, the Colorado Rules of Probate Procedure and applicable case law. Changes in the law may have occurred since this manual was published. If you have questions on how to proceed, consult your attorney before acting. By obtaining an attorney's advice before you act, you may avoid more costly legal services later.

It is highly recommend that appropriate professionals be consulted, such as attorneys, financial advisors, and accountants. Even if you do not have an attorney, you are bound by the same rules and procedures as if you did. The cost for professional assistance may be assessed to the conservatorship estate as long as the expense was incurred in the collection, care, administration and protection of the estate.

This work is produced as a public service, and copies of these materials may be reprinted, with acknowledgment, without violation of applicable copyright laws. The User's Manual for Conservators is also available on the Colorado Judicial Branch website at www.courts.state.co.us.

We would appreciate your feedback. If you have any comments or suggestions, or if you require additional information, please feel free to contact: cyndi.hauber@judicial.state.co.us

Conservator's Manual

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You may wish to maintain your personal information in this manual, as this may be a great place for you to maintain financial documentation, receipts, etc.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ In the Interests of: _____ Protected Person _____	 ▲ COURT USE ONLY ▲ <hr/> Case Number: _____ Division: _____ Courtroom: _____
ACKNOWLEDGMENT OF RESPONSIBILITIES <input type="checkbox"/> CONSERVATOR AND/OR <input type="checkbox"/> GUARDIAN	

I, _____ (full name) acknowledge that I was appointed as the Conservator and/or Guardian for _____ (full name of protected person) on _____ (date) and I understand that Letters will not be issued until this form is signed and provided to the Court. With this appointment, I agree to comply with the statutory and court requirements and understand that I am responsible for preparing and filing reports and/or plans with the Court and serving all Interested Persons as identified in the Order of Appointment.

General Information and Responsibilities

1. I am responsible for maintaining supporting documentation for all receipts into the accounts and all disbursements out of the accounts under my control during the duration of my appointment. I understand that the Court or any Interested Persons as identified in the Order of Appointment may request copies at any time.
2. I am responsible for providing the Court with any changes with my mailing or email address within 30 days.
3. If funds must be placed in a restricted account, I understand that all withdrawals must be by court order.
 - ☐ The Acknowledgment of Deposit of Funds to Restricted Account (JDF 867) must be returned to the Court as documentation that the funds were deposited within 30 days or by _____ (date).
 - ☐ All requests for withdrawal must be in writing by submitting a Motion to Withdraw Funds (JDF 868).
4. I have received the following information to review regarding my responsibilities.
 - ☐ User's manual for Guardians
 - ☐ User's manual for Conservators
 - ☐ Viewed DVD/Video
 - ☐ Pamphlets
 - ☐ Attendance at mandatory training session on _____ (date).
 - ☐ Other: _____
5. I understand that the following reports and/or plans are due on _____ (date).
 - ☐ Initial Guardian's Report/Care Plan - Adult (JDF 850)
 - ☐ Conservator's Inventory with Financial Plan (JDF 882)
6. I understand that the following reports are due on _____ (date) and every year after on such day and month, unless I am notified by the Court.
 - ☐ Guardian's Report - Minor (JDF 834).
 - ☐ Guardian's Report - Adult (JDF 850).
 - ☐ Conservator's Report (JDF 885).

My signature below indicates that I have read and understand my responsibilities as a newly appointed Guardian and/or Conservator.

Date: _____

Guardian and/or Conservator

Definitions

Conservator:	A person at least 21 years of age who has been appointed by a court to manage the estate (financial affairs) of a Protected Person or a minor child (under the age of 18).
Fiduciary:	A person or institution who manages money or property of another and who must exercise a standard of care in such management activity imposed by law.
Financial Plan:	Information to the Court that outlines how the Protected Person's assets and income will be invested or applied for his or her best interests.
Guardian:	A person at least 21 years of age who has qualified to have the care and management of an incapacitated person or a minor child (under the age of 18).
Incapacitated Person:	An adult person who lacks sufficient understanding or capacity to make or communicate responsible decisions concerning that person's physical health, safety, or self-care, even with appropriate and reasonably available technological assistance.
Interested Person:	Persons identified by Colorado Law who must be given notice of a Conservatorship proceeding and/or Guardianship proceeding. This can be spouse, adult children, and other family members.
Letters:	A formal document issued by the Probate Court appointing one as a Guardian and/or Conservator.
Minor:	An unemancipated individual who has not attained 18 years of age.
Petitioner:	A person who files a Petition for the Appointment of a Conservator/Guardian.
Protected Person:	A person for whom a Conservator has been appointed.
Prudent Investor Rule:	A standard that a Conservator shall exercise when investing and managing the Conservator's assets. The Conservator shall exercise reasonable care and skill when making investment and management decisions.
Respondent:	A person who is the subject of a Guardianship and/or Conservatorship proceeding, prior to findings of incapacity.
Ward:	A person for whom a Guardian has been appointed.

Information Regarding Your Appointment as a Conservator & Duties as the Conservator of the Protected Person

- ◆ **Manage and invest assets appropriately.**
 - ◆ Make safe, not risky, investments.
 - ◆ Remember you are taking care of someone else's property.
 - ◆ Seek professional advice regarding investments as a fiduciary.
 - ◆ Maintain existing estate plan, such as beneficiary designations and payable on death accounts.
 - ◆ Consider notifying credit reporting bureaus that this Conservatorship has been established and providing copies of the letters.
- ◆ **Locate, collect and protect all assets.**
 - ◆ You must keep the estate's money and property separate from anyone else's, especially your own.
 - ◆ **Do not deposit the Protected Person's money into your own account.**
 - ◆ When you open a bank account for the estate, the name on the account must be as follows:

_____ *as Conservator for*
(Name of Conservator)

_____ *a Protected Person*
(Name of protected person)

Each bank may have its own way to title the account, but in any event the account title must reflect the Conservator/Protected Person relationship. Provide a certified copy of Letters of Conservatorship and Order of Appointment to each financial institution.

- ◆ If real estate property exists, you will need to record a certified copy of Letters of Conservatorship in the county where the property is located. Consult with your attorney about recording letters in other circumstances.
 - ◆ Notify the post office, creditors, utility companies, etc. if you want mail sent to your address.
 - ◆ Review will and other arrangements in order to preserve the estate plan.
 - ◆ Evaluate and consider application for public benefits.
- ◆ **Insurance Matters**
 - ◆ Verify coverage for health, property, auto and life insurance. Provide certified copy of Letters if necessary.
 - ◆ Confirm that premium payments are current.
 - ◆ Obtain coverage if policies have lapsed.

◆ **Tax Matters**

- ◆ Make sure income and property taxes are current, including estimated quarterly tax payments.
- ◆ Plan for federal and state tax payments.
- ◆ Consider consulting a Certified Public Accountant (CPA).
- ◆ If you are a conservator for a minor, remember that minors may be required to file tax returns.
- ◆ Plan ahead if you will require court authority to make withdrawals necessary to meet the tax payment. Allow 10 business days for the court to consider your request.

◆ **Develop a Financial Plan for court approval.**

- ◆ Identify income that will be received. This may include; Social Security benefits, pension, Income tax refunds, etc.
- ◆ Identify expenditures that must be paid. This may include; rent, home maintenance, cost of care, medications, bond and insurance premiums, taxes, etc.
- ◆ Verify appropriateness of investments and accounts with a professional.
- ◆ Take in to account the protected person's estate plan.
- ◆ Planning finances in terms of the anticipated duration of the conservatorship. A link to an Actuarial Table is available on the resources page.

◆ **Maintain complete records of every financial transaction.**

- ◆ You may wish to establish a manual checkbook or a spreadsheet on EXCEL, Quicken or similar financial software that reflects all income and expenditures with the estate.
- ◆ Maintain all records for the duration of the Conservatorship. The Court and Interested Persons can request documentation from the conservator at any time.
- ◆ Subject to review by the court, you may be entitled to reasonable compensation, which may have tax consequences to you and/or the Protected Person.

◆ **Complete and file with the Court required reports and plans.**

- ◆ File the initial Inventory with Financial Plan. See the order of appointment for the due dates of filing.
- ◆ File an amendment to the Inventory with Financial Plan whenever a substantial change (a significant deviation from the original financial plan) of circumstances occurs.
- ◆ File Conservator's Reports as ordered. Check the order of appointment for the due dates.
- ◆ Provide copies of reports and plans to Interested Persons as identified in the order of appointment.

Frequently Asked Questions

The following are frequently asked questions to assist you with your appointment as a Conservator. Consult with your attorney if you have questions that are not addressed here.

What is the cost to obtain certified copies of Letters and Orders from the Clerk's Office?

The number of Letters required depends on the circumstances. The cost is \$20.75 a piece.

What if the Protected Person owns real estate?

Record Letters at the clerk and recorder's office in the county where the property is located. Consult with your attorney about recording letters in other circumstances.

What is the difference between a guardian and conservator?

Guardian: Assists with personal affairs, such as housing and health care.

Conservator: Assists with the financial affairs.

What happens to joint accounts?

It depends on the nature or the reason for the account. For example: if the account was established as a matter of convenience so the co-owner can write checks for the protected person, most likely the account should be transferred to the conservatorship. If it was established for estate planning purposes, no changes may be necessary.

What about business situations?

Call a lawyer.

When I was appointed I was handed a stack/notebook full of paperwork. Why?

The law requires that you file reports with the Court. This User's Manual is designed to help guide and assist you with the process and provide you with instructions and forms for the reporting requirements. Refer to the Court's order for the dates that all reports are due.

Where can I get more of these blank reporting forms?

All forms are available, free of charge, in the Self-Help section on the Colorado Judicial Department's website, www.courts.state.co.us. You may also get blank forms at the clerk's office for a charge of .75 cents per page.

I need more copies of my proof of appointment. Where can I get them and what is the cost?

You may obtain copies at the clerk's office for a charge of .75 cents per page. If you need any of the documents certified, there is an additional charge of \$20.00 per document.

I need help completing all these reports. Can the clerks help me?

Court clerks are not allowed to give legal advice or assist with the completion of forms. If you need assistance, it is highly advised that you seek the advice of a lawyer.

Am I personally liable for the protected person's expenses?

Not unless you agree to assume the liability by signing in your personal capacity rather than as conservator. Always disclose your role as conservator.

The Protected Person lives with me. May I charge rent?

You may charge a reasonable amount for rent and other living expenses. These expenditures should be identified in the financial plan that you submit to the Court for approval. There may be tax consequences to such payments.

How do I make the money last?

You are strongly encouraged to consult with your attorney and/or a financial advisor. There may be asset protection strategies available to you.

What do I do if and when the money runs out?

There may be public benefits available. You may want to consider selling or borrowing against assets. Review the order of appointment to determine if court approval is required. It may be appropriate to terminate the conservatorship.

My siblings and I are arguing about the way I'm managing the money. What can I do?

Your siblings have the right to take any of their concerns to the court, however you as the conservator have the power to manage the assets and carry out the approved financial plan.

What happens when the protected person dies?

Notify the court by filing a verified notice of death (JDF 853). Within 60 days, you must file a petition to terminate the conservatorship and schedule of distribution (JDF 888). After death, the conservator may only take the steps necessary to protect the assets of the estate and pay the funeral expenses.

What if the protected person gets well and doesn't need my help any longer?

You or the protected person may file a petition to terminate the conservatorship. Generally, a hearing will be required with the protected person present, unless excused for good cause.

What would happen if I didn't file the required reports, plans or didn't comply with court orders?

The court can impose appropriate sanctions, including removal, fines, contempt of court, arrest and imprisonment.

Resources

AARP in Colorado	http://www.aarp.org/states/co/ 1-888 687-2277
ARC of Colorado	http://www.thearcofco.org/
ARC of the United States	http://www.thearc.org/NetCommunity/Page.aspx?pid=183
Actuarial Table	www.ssa.gov/OACT/STATS/table4c6.html
Alliance Colorado (Community Center Boards)	http://alliancecolorado.org/
Alzheimer's Association (Metro Denver)	www.alzco.org 303 813-1669
Alzheimer's Association	www.alz.org 1-800-272-3900
Administration on Aging	www.aoa.gov
Americans with Disabilities Act	www.ada.gov
Autism Society of America, Colorado Chapter	http://www.autismcolorado.org/
Benefits Check Up Colorado	www.benefitscheckup.com 1-866-550-2752
Brain Injury Association of Colorado	http://www.biacolorado.org/
Cerebral Palsy of Colorado	http://www.cpcoco.org/
Colorado Bar Association	www.cobar.org 303 860-1115
Colorado Cross-Disability Coalition	http://www.ccdconline.org/

Colorado Dept of Public Health and Environment	www.cdphe.state.co.us 1-800-866-7689 – within Colorado only
Colorado Developmental Disabilities Council	http://www.coddc.org/
Colorado Division of Insurance	www.dora.state.co.us/insurance 303-894-7490 in the Denver-Metro area 1-800-930-3745 from other parts of Colorado.
Colorado Fund for People with Disabilities	http://www.cfpdtrust.org/
Colorado Judicial Branch	www.courts.state.co.us
Community House Services, Inc.	303-831-4046
Consortium for Citizens with Disabilities	http://www.c-c-d.org/
County Department of Social Services	www.cdhs.state.co.us/servicebycounty.htm
Denver Regional Council of Governments	www.drcog.org 303 455-1000
Division of Aging and Adult Services	http://www.cdhs.state.co.us/aas/ 1-888-866-4243 – within Colorado only
Elder Care Locator	http://www.eldercare.gov/Eldercare/Public/Home.asp
Elder Law General Aging Smart Podcast	http://www.elderlawanswers.com/PodCast/PodCast.asp
Equal Employment Opportunity Commission	www.eeoc.gov 1-800-669-4000
Guardianship Alliance of Colorado	www.guardianshipallianceofcolorado.org 303 423-2898
Harrison Memorial Animal Hospital	http://cvmf.org/displaycommon.cfm?an=1&subarticlenbr=27
Healthy Aging for Older Adults	www.cdc.gov/aging/ 1-800-311-3435

Hero Alliance
People with Disabilities Seeking Home Ownership

<http://www.heroalliance.org/>

National Guardianship Association

www.guardianship.org

Legal Center
for People with Disabilities & Older People

<http://www.thelegalcenter.org/>

Medicare

www.medicare.gov
1-800-Medicare

Mile High Down Syndrome Association

<http://www.mhdsa.org/>

Senior Housing Options

www.seniorhousingoptions.org
303 595-4464

Social Security Administration

www.socialsecurity.gov
1-800-772-1213

Social Security Office – Denver Region

<http://www.socialsecurity.gov/denver/>

The Colorado Consumer Line
Attorney General's Office

www.ago.state.co.us
1-800-222-4444

United Way

<http://national.unitedway.org/>

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ In the Interest of: _____ Protected Person/Minor _____	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division _____ Courtroom _____
MOTION TO WITHDRAW FUNDS FROM RESTRICTED ACCOUNT	

I, _____ (name of Conservator(s)), respectfully request authority to withdraw \$ _____, on deposit in the restricted account(s) listed below:

Attach current bank statement.

Name and Address of Financial Institution	Account Number (last 4-digits only)	Current Balance in Account
		\$
Total		\$

The funds are requested for the following purchase/reasons(s): Attach supporting documentation for your request.

Signature of Conservator and/or Attorney _____ Date _____

Address _____

City, State and Zip Code _____

☐ Check if new address

Date: _____

Signature of Conservator and/or Attorney _____ Date _____

Address _____

City, State and Zip Code _____

☐ Check if new address

Signature of Minor if 12 years of age or over _____

Certificate of Service

I certify that on _____ (date) a copy of this Motion to Withdraw Funds from Restricted Account was served on each of the following:

Name of Person to Whom You are Sending this Document (Interested Persons)	Relationship to Protected Person	Address	Manner of Service*

***Insert one of the following: Hand Delivery, First-Class Mail, Certified Mail, E-Served or Faxed.**

Signature

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ In the Interest of: Protected Person/Minor	<div style="text-align: center; border-top: 1px solid black; border-bottom: 1px solid black;"> ▲ COURT USE ONLY ▲ </div> Case Number: _____ Division: _____ Courtroom: _____
ORDER ALLOWING WITHDRAWAL OF FUNDS FROM RESTRICTED ACCOUNT	

This matter comes before the Court on the Motion to Withdraw Funds from Restricted Account filed on _____ (date). The Court, having reviewed the Motion and supporting documentation, if attached, and any responses received from interested persons, enters the following Orders:

☐ The Motion is **GRANTED**. The Conservator is authorized to withdraw \$_____ from the account(s) specified in the Motion and as identified below:

Name and Address of Financial Institution	Account Number (last 4-digits only)	Amount to Withdraw from Account
		\$
Total		\$

☐ The Conservator is required to file a copy of the receipt(s) for the purchase with the Court within ten days.

Note: All Conservators are required to keep all original receipt(s).

☐ The Motion is **DENIED** for the following reasons:

☐ The Court further Orders:

Date: _____

☐ Judge ☐ Magistrate

CERTIFICATION

I certify that this is a true and correct copy of the original in my custody.

Date: _____

 Probate Registrar/(Deputy)Clerk of Court

RESTRICTED ACCOUNT LOG

Name of Protected Person: _____ Date of Birth: _____

Name of Conservator/Custodian: _____ Relationship to Protected Person _____

Case Number: _____ Opening Balance: \$ _____

Date Account Established: _____ Account Number (Last 4-digits only) _____

[illegible]

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ In the Interest of: _____ Protected Person _____		<p style="text-align: center;">▲ COURT USE ONLY ▲</p>
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____		
		Case Number: _____ Division _____ Courtroom _____
CONSERVATOR'S INVENTORY WITH FINANCIAL PLAN AND MOTION FOR APPROVAL		

DATE OF APPOINTMENT _____ (MM/DD/YYYY)
 INVENTORY VALUES AS OF DATE _____ (MM/DD/YYYY)
 FILING DUE DATE _____ (MM/DD/YYYY)

I _____ (name of Conservator), move this Court to approve this ☐ Initial
☐ Amended Conservator's Inventory with Financial Plan.

As grounds therefore, the Conservator states the following:

1. The information contained in the Inventory with Financial Plan is true and complete. The proposed plan is necessary to protect and manage the income and assets of the protected person.
2. The Financial Plan is based on the actual needs and best interest of the Protected Person.

I understand that I am required to maintain supporting documentation for all receipts and disbursements including detailed billing statements from any professional. The Court or any Interested Person as identified in the Order Appointing Conservator may request copies at any time.

I understand that I must provide copies of this Inventory with Financial Plan to the Protected Person and any others as identified in the Order Appointing Conservator, within 10 days of filing with the Court pursuant to §15-14-404(4), C.R.S. and will indicate having done so by completing the Certificate of Service at the end of this form.

☐ This matter is routine and expected to be unopposed. I will set this matter on the Non-Appearance docket by filing JDF 712.

OR

☐ I will set this matter for hearing on the appearance docket.

Notice to Interested Persons. Interested persons have the responsibility to protect their own rights and interests within the time and in the manner provided by the Probate Code, including the appropriateness of disbursements, the compensation of fiduciaries, attorneys, and others, and the distribution of estate assets. Interested persons may file an objection with the Court. The Court may not review or adjudicate these or other matters unless specifically requested to do so by an interested person.

Protected Person's Information: _____ (Name)

Current Address: _____
 (Include Name of Living Center or Nursing Home)

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Age: _____

Conservator's Information: _____ (Name)

Do you plan on receiving any fees for being the Conservator? ☐ Yes ☐ No If Yes, indicate hourly rate: \$ _____

Occupation: _____ Your Relationship to Protected Person: _____

Address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers: Home _____ Work _____ Cell _____

E-Mail Address: _____

If applicable, Co-Conservator's Information: _____ (Name)

Do you plan on receiving any fees for being the Conservator? ☐ Yes ☐ No If Yes, indicate hourly rate: \$ _____

Occupation: _____ Your Relationship to Protected Person: _____

Address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers: Home _____ Work _____ Cell _____

E-Mail Address: _____

Part I – Summary of Inventory

Summarize the Inventory below after completing the detailed accounting information in Parts III and IV.

(A) Total Assets (Total from Part III) \$ _____

(B) Total Liabilities/Debt (Total from Part IV) \$ _____

Net Worth: (A) minus (B)	\$ _____
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Part II – Summary of Financial Plan (Receipts/Income Minus Disbursements/Expenses)

Summarize the Financial Plan below after completing the detailed accounting information in Part V.

	Projected Monthly Amount	Projected Annual Amount
(A) Receipts/Income (Total from Part V(A) below)	\$ _____	\$ _____
(B) Disbursements/Expenses (Total from Part V(B) below)	\$ _____	\$ _____

Net Income: (A) minus (B)	\$ _____	\$ _____
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Part III – Inventory of Assets

Report the fair market value of each category of asset in the chart below as of the Inventory date. By indicating “None”, you are stating affirmatively that the protected person does not have assets in that category.

Note: If additional space is needed, separate sheets may be used. If additional items are discovered after the initial inventory has been completed, a supplemental inventory listing those additional item(s) shall be completed.

Cash on Hand, Bank, Checking, Savings, Certificate of Deposits, or Health Accounts (Name of Bank or Financial Institution) <input type="checkbox"/> None	Type of Account	Account # (last 4-digits only)	Balance
			\$
Total			\$
Stocks, Bonds, Mutual Funds, Securities and Investment Accounts <input type="checkbox"/> None	Number of Shares or Identify Account Number (last 4-digits only)	Current Value	
		\$	
Total		\$	
Life Insurance (Name of Company/Beneficiary) <input type="checkbox"/> None	Type of Policy	Face Amount of Policy	Cash Value
			\$
Total			\$
Pension, Profit Sharing, Annuities or Retirement Funds <input type="checkbox"/> None	Type of Plan (401(k), IRA, 457, PERA, Military, etc.)	Account # (last 4-digits only, if applicable)	Current Value
			\$
Total			\$

Motor Vehicles & Recreation Vehicles (Including Motorcycles, ATV's, Boats, etc.) <input type="checkbox"/> None	Year	Make and Model	Estimated Value Value = what you could sell it for in its current condition.
			\$
Total			\$
Real Estate (Indicate address) <input type="checkbox"/> None	Type of Property (Home, Rental, Land, etc.)	Estimated Value Value = what you could sell it for in its current condition.	
		\$	
Total		\$	
General Household and Other Personal Property. <input type="checkbox"/> None		Estimated Value Value = what you could sell it for in its current condition.	
General Household and Other Personal Property (Total value except for items listed below.)		\$	
<i>Separately list and value items of significant value below, for example: Jewelry, Antiques, Collectibles, Artwork, etc.</i>			
Total		\$	
Miscellaneous Assets (List each one separately and be specific.) <input type="checkbox"/> None		Estimated Value Value = what you could sell it for in its current condition.	
		\$	
Total		\$	
Total Assets Enter this amount in Part I.		\$	

Part IV – Inventory of Liabilities/Debts

Report the value of each liability/debt in the chart below as of the Inventory date.

Description of Liability/Debt	Name of Financial Institution	Account Number (last 4-digits only)	Balance
Mortgages (principal due only)			\$
Car Loans			
Home Improvement Loans			
Student Loans			
Credit Card Debt			
Federal Taxes Owed			
State and Local Taxes Owed			
Other Liabilities/Debt (Please list)			
Other Liabilities/Debt (Please list)			
Total Liabilities/Debt Enter this amount in Part I.			\$

Part V – Financial Plan

List all expected sources of receipts/income and disbursements/expenses in the charts below. If a specific category is not applicable, indicate “0” in the projected monthly and annual amounts columns. You will use these amounts when you file the initial Conservator’s Report.

A. Receipts/Income

Indicate the amount of cash receipts/income received on both a monthly and annual basis. If an income amount (such as wages) is to be received on a monthly basis, multiply the amount by 12 to determine the projected annual amount. If an income amount (such as dividends) is to be received on an annual basis, divide the amount by 12 to determine the projected monthly amount.

Description of Receipt/Income Category	Projected Monthly Amount	Projected Annual Amount
Wages		
Social Security		
Interest / Dividends		
Pensions / Retirement Plan Distributions		
Rental Income		
Gifts from Others		
Disability, Unemployment or Worker’s Compensation		
Other Public Assistance		
Other Receipts / Income (Please list)		
Other Receipts / Income (Please list)		
Total Receipts/Income Enter the total projected monthly and annual amounts in Part II.		

B. Disbursements/Expenses

Indicate the cash disbursement/expense amount on both a monthly and annual basis. If an expense (such as utilities) is to be paid on a monthly basis, multiply the amount by 12 to determine the projected annual amount. If an expense (such as property taxes) is to be paid on an annual basis, divide the amount by 12 to determine the projected monthly amount.

Description of Disbursement/Expense Category	Projected Monthly Amount	Projected Annual Amount
Total Professional Fees Paid (from Part C)	\$	\$
Distributions to Protected Person		
Income Taxes		
FICA and Medicare Taxes		
Health Care (including health insurance, prescriptions)		
Other Insurance		
Rent or Mortgage		
Property Taxes and Assessments		
Repairs and Maintenance		
Utilities, including phones		
Home Furnishings		
Food and Household Supplies		
Clothing		
Personal Care		
Auto Expenses		
Education		
Entertainment, Vacations and Travel		
Monthly Debt Repayments (excluding mortgage)		
Other Disbursements/Expenses, e.g. gifts (Please list)		
Other Disbursements/Expenses (Please list)		
Total Disbursements/Expenses Enter the total projected monthly and annual amounts in Part II.	\$	\$

C. Projected Payments to Professionals

Do you expect to pay any fees to professionals, including any fees you receive for being the Conservator? ☐ Yes
☐ No If Yes, list below projected payments to professionals that will serve you, as conservator, the protected person or the estate. Include any fees you plan to receive as the Conservator.

Type of Professional and Name of Individual	Projected Monthly Amount	Projected Annual Amount
Conservator -		
Guardian -		
Guardian ad litem-		
Legal fees for Protected Person -		
Legal fees for Conservator -		

Legal fees for Guardian -		
Legal fees for Petitioner -		
Accountant / CPA -		
Case Manager -		
Other -		
Other -		
Total Professional Fees – Enter totals in Part V – Section B Disbursements/Expenses.	\$	\$

I state under penalty of perjury that this is a true and complete Inventory with Financial Plan of this estate, during the period shown, both dates inclusive, to the best of my knowledge, information and belief. I understand that this report is subject to audit and verification.

 Conservator's Signature Date

Subscribed and affirmed, or sworn to before me
 in the County of _____,
 State of _____, this _____
 day of _____, 20 ____.

My Commission Expires: _____

 Notary Public/Clerk

 Co-Conservator's Signature Date

Subscribed and affirmed, or sworn to before me
 in the County of _____,
 State of _____, this _____
 day of _____, 20 ____.

My Commission Expires: _____

 Notary Public/Clerk

Certificate of Service

I certify that on _____ (date) the original was e-filed/filed with the Court and a copy of this Conservator's Inventory with Financial Plan was served on each of the following:

Name of Person You are Sending this Document To (Interested Persons)	Relationship to Protected Person	Address	Manner of Service*

*Insert hand delivery, first class U.S. Mail, certified U.S. Mail, E-filed, or Fax.

 Signature of Person Certifying Service

Note: The Inventory with Financial Plan must be served on the protected person pursuant to §15-14-404(4), C.R.S. and interested persons pursuant to the Order Appointing Conservator, unless otherwise ordered.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <hr/> In the Interest of: _____ Protected Person	<div style="text-align: center; border-top: 1px solid black; border-bottom: 1px solid black;"> ▲ COURT USE ONLY ▲ </div> <hr/> Case Number: _____ Division: _____ Courtroom: _____
ORDER REGARDING CONSERVATOR'S FINANCIAL PLAN	

This matter comes before the Court for approval of the Conservator's Financial Plan. The Court having reviewed the Conservator's Inventory with Financial Plan and any responses or objections received from interested persons enters the following Order:

☐ The Financial Plan is **APPROVED**. The Conservator is directed to file an amended Conservator's Inventory with Financial Plan whenever there is a change in the circumstances that requires a substantial deviation from this approved plan. **Approval does not relieve a Conservator from fiduciary standards.**

☐ The Financial Plan is **APPROVED** with the following **conditions**:

☐ The Financial Plan is **NOT APPROVED** for the following reasons:

☐ The Conservator shall file an amended Conservator's Inventory with Financial Plan by _____ (date).

☐ This matter shall be set for a hearing. You are required to contact the Court by _____ (date) to set this matter.

☐ The setting of bond was deferred when the Conservator was appointed. Pursuant to §15-14-415, C.R.S., bond is now set in the amount of \$_____. The bond must be posted with the Court by _____ (date). If bond is posted by a surety, notice of any subsequent proceedings must be provided to the surety.

Date: _____

☐ Judge ☐ Magistrate

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ In the Interests of: _____ Protected Person _____ Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____		 <div style="text-align: center;">▲ COURT USE ONLY ▲</div> Case Number: _____ Division _____ Courtroom _____
CONSERVATOR'S REPORT		

☐ ANNUAL REPORT ☐ AMENDED REPORT
CURRENT REPORTING PERIOD FROM _____ TO _____
(MM/DD/YYYY) (MM/DD/YYYY)

☐ INTERIM REPORT DUE ON ☐ FINAL REPORT

If Final Report, indicate why: ☐ Protected Person deceased ☐ Minor turned 21 ☐ Judicial Order

The Conservator's Report pursuant to §15-14-420, C.R.S. must be filed annually and served on all interested persons and the protected person pursuant to §15-14-404(4), C.R.S., unless otherwise ordered. Summarize the financial activity below after completing the detailed accounting information in Parts II and III. Attach additional sheets if necessary.

Notice to Interested Person. Interested persons have the responsibility to protect their own rights and interests within the time and in the manner provided by the Probate Code, including the appropriateness of disbursements, the compensation of fiduciaries, attorneys, and others, and the distribution of estate assets. Interested persons may file an objection with the Court. The Court will not review or adjudicate these or other matters unless specifically requested to do so by an interested person.

Summary of Net Worth - Fair Market Value of Assets Minus Liabilities/Debts

	Last Day of Prior Reporting Period (or Inventory)	Last Day of Current Reporting Period
(A) Total Assets from Part II Item 1	\$ _____	\$ _____
(B) Total Liabilities/Debts from Part II Item 2	\$ _____	\$ _____

(A) minus (B) = Net Worth from Part II Item 3 \$

Summary of Financial Activity

		Prior Reporting Period (or Financial Plan)	Current Reporting Period
(A)	Total Receipts/Income from Part III Item 1	\$ _____	\$ _____
(B)	Total Disbursements/Expenses from Part III Item 2	\$ _____	\$ _____

(A) minus (B) = Net Income from Part III Item 3 \$ _____ \$ _____

Protected Person's Information: _____ (Name)

Current Address: _____
(Include Name of Living Center or Nursing Home)

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Age: _____

Conservator's Information: _____ (Name)

Did you receive any fees for being the Conservator during this reporting period?

☐ Yes ☐ No If Yes, indicate hourly rate: \$ _____

Occupation: _____ Your Relationship to Protected Person: _____

Address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers: Home _____ Work _____ Cell _____

E-Mail Address: _____

If applicable, Co-Conservator's Information: _____ (Name)

Did you receive any fees for being the Conservator during this reporting period?

☐ Yes ☐ No If Yes, indicate hourly rate: \$ _____

Occupation: _____ Your Relationship to Protected Person: _____

Address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers: Home _____ Work _____ Cell _____

E-Mail Address: _____

Part I – Conservatorship Issues

1. Is there a continued need for the Conservatorship? ☐ Yes ☐ No If No, describe why and what steps should be taken. If you would like the Court to take action, you must file a motion with the Court.

2. Are the remaining assets in the estate sufficient to provide for the present and future care of the protected person? ☐ Yes ☐ No If No, describe why and what steps should be taken. If you would like the Court to take action, you must file a motion with the Court.

3. **Attach a copy of the Bond to this Report, unless the Bond was waived or not required by the Court.** What is the amount of the Bond? \$ _____. Is the amount of the Bond sufficient to cover all unrestricted assets? ☐ Yes ☐ No If No, describe why and what steps should be taken. If you are requesting a change to the Bond, you must file a motion with the Court.

Part II – Assets and Liabilities/Debts

Is this the first Conservator's Report filed? ☐ Yes ☐ No If **Yes**, use the amounts from the Inventory with Financial Plan (JDF 882) to complete the column marked with an asterisk (*) in Items 1 and 2 below. If **No**, use the amounts from the prior Conservator's Report filed to complete the column marked with an asterisk (*) in Items 1 and 2 below.

1. Assets

Description of Asset (Identify all accounts)	Account Number (last 4- digits only)	Name of Financial Institution	* Fair Market Value <input type="checkbox"/> as of Last Day of Prior Reporting Period or <input type="checkbox"/> Inventory	Fair Market Value (as of Last Day of Current Reporting Period)	Change in Value of Asset
Checking Accounts					
Savings Accounts					
Other Cash Accounts (e.g. Money Markets and CD's)					
Stocks					
Bonds					
Mutual Funds					
Other Financial Investments					
Life Insurance (Cash Value)					
Pension and Retirement Funds (Vested portion)					
IRA's					
Annuities					
Motor Vehicles					
Real Estate (report mortgage in liability/debt section)					
Home Furnishings					
Collections (e.g., stamps or coins)					
Other Assets (Please list)					
Total Assets Enter these amounts on page 1.					

Have Total Assets changed from the last day of the Prior Reporting Period or Inventory? ☐ Yes ☐ No

If **Yes**, briefly explain the changes below. Please include a description of any significant or unanticipated transactions.

2. Liabilities/Debts

Description of Liability/Debt (Identify all accounts)	Account Number (last 4-digits only)	Name of Financial Institution	*Value on Last day of <input type="checkbox"/> Prior Reporting Period or <input type="checkbox"/> Inventory	Last Day of Current Reporting Period	Change in Amount of Liability
Mortgages (principal due only)					
Car Loans					
Home Improvement Loans					
Student Loans					
Credit Card Debt					
Federal Taxes Owed					
State and Local Taxes Owed					
Other Liabilities/Debts (Please list)					
Total Liabilities/Debts Enter these amounts on page 1.					

Have Total Liabilities/Debts changed from the last day of the Prior Reporting Period or Inventory?

☐ Yes ☐ No If Yes, briefly explain the changes below. Please include a description of any significant or unanticipated transactions.

3. Net Worth – Fair Market Value of Assets Minus Liabilities/Debts

Net Worth	Last Day of Prior Reporting Period or Inventory	Last Day of Current Reporting Period
Assets minus Liabilities/Debts (Item 1 Total minus Item 2 Total) Enter these amounts on page 1.		

Part III – Receipts/Income and Disbursements/Expenses

Is this the Initial Conservator's Report filed? ☐ Yes ☐ No If **Yes**, use the amounts from the Inventory with Financial Plan (JDF 882) to complete the column marked with an asterisk (*) in items 1 and 2, below. If **No**, use the amounts from the prior Conservator's Report filed to complete the column marked with an asterisk (*) in items 1 and 2, below.

Total Receipts/Income

Description of Receipt/Income Category	*Total Amount of Receipts / Income from <input type="checkbox"/> Prior Reporting Period or <input type="checkbox"/> Financial Plan	Total Amount of Receipts / Income for Current Reporting Period	Change in Amount of Receipt/Income
Wages			
Social Security			
Interest / Dividends			
Pensions / Retirement Plan Distributions			
Tax Refunds			
Proceeds from Sales of Assets			
Rental Income			
Gifts from Others			
Disability, Unemployment or Worker's Compensation			
Other Public Assistance			
Other Receipts / Income (Please list)			
Total Receipts/Income Enter these amounts on page 1.			

Have Total Receipts/Income changed from the Prior Reporting Period or Financial Plan? ☐ Yes ☐ No

If **Yes**, briefly explain the changes below. Please include a description of any significant or unanticipated transactions.

2. Disbursements/Expenses

Description of Disbursement / Expense Category	*Total Amount of Disbursement / Expense from <input type="checkbox"/> Prior Reporting Period or <input type="checkbox"/> Financial Plan	Total Amount of Disbursement / Expense for Current Reporting Period	Change in amount of Disbursement/Expense
Total Professional Fees Paid (from Part IV. Item 1 – Payment to Professionals)			
Distributions to Protected Person			
Income Taxes			
FICA and Medicare Taxes			
Health Care (including health insurance and prescriptions)			
Other Insurance			
Rent or Mortgage			
Property Taxes and Assessments			
Repairs and Maintenance			
Utilities, including phones			
Home Furnishings			
Food and Household Supplies			
Clothing			
Personal Care			
Auto Expenses			
Education			
Entertainment, Vacations and Travel			
Other Disbursements/Expenses, e.g. gifts (Please list)			
Total Disbursements/Expenses Enter these amounts on page 1.			

Have Total Disbursements/Expenses changed from the Prior Reporting Period or Financial Plan?

☐ Yes ☐ No If Yes, briefly explain the changes below. Please include a description of any significant or unanticipated transactions.

3. Net Income – Total Receipts/Income Minus Total Disbursements/Expenses

Net Income	Prior Reporting Period or Financial Plan	Current Reporting Period
Receipts/Income minus Disbursements/Expenses (Item 1 Total minus Item 2 Total) Enter these amounts on page 1.		

Part IV – Payments to Professionals

1. List below payments to professionals that you are employing to serve you, as conservator, the protected person or the estate; and the amounts paid to such professionals during this reporting period. Include any fees you received as the Conservator.

Type of Professional and Name of Individual	Total Amount Paid in Current Reporting Period
Conservator -	
Guardian -	
Guardian ad litem-	
Legal fees for Protected Person -	
Legal fees for Conservator -	
Legal fees for Guardian -	
Legal fees for Petitioner -	
Accountant/CPA -	
Case Manager -	
Other: Describe	
Other: Describe	
Other: Describe	
Other: Describe	
Total Professional Fees Paid Enter total in Part III, Item 2.	

2. For each professional listed above, provide the following for the current reporting period: Name, hourly rate charged (may include range of hourly rates, if applicable), number of hours worked, total hourly fees, other costs charged and a brief description of the services provided and benefit to the estate.

The sum of the total hourly fees and other costs charged for each professional listed in the chart below, should equal the total amount paid in the current reporting period in Item 1, above for that professional.

[illegible]

Part V – Detail Listing of Receipts/Income and Disbursements/Expenses

For each bank account included in Part II, Item 1, list below each individual item of Receipts/Income or Disbursements/Expenses for the entire reporting period. If applicable, add additional pages and/or a separate listing if more than one bank account. Each Receipt/Income should be listed in the Amount Received column and each Disbursement/Expense should be listed in the Amount Disbursed column. Note: **This report should resemble a check register for each bank account.**

Name of Bank: _____ Account Number (last 4-digits only): _____

Beginning Cash Balance \$ _____ (This should match the ending balance from the last report)

Add: Total Amount Received \$ _____ (Enter total from listing below)

Less: Total Amount Disbursed\$ _____ (Enter total from listing below)

Ending Cash Balance \$ _____ (This will be the beginning balance on next year’s report)

Date	Check or I.D. No.	Description of item Received or Disbursed, include Name of Payee (if Disbursement)	Amount Received	Amount Disbursed
Page _____ of _____			\$	\$
			\$	\$

I state under penalty of perjury that this is a true and complete report of the administration of this estate, during the period shown, both dates inclusive, to the best of my knowledge, information and belief. I understand that this report is subject to audit and verification.

I understand that I am required to maintain supporting documentation for all receipts and disbursements including detailed billing statements from any professional. The Court or any Interested Persons as identified in the Order Appointing Conservator may request copies at any time.

Date: _____

Signature of Conservator

Date: _____

Signature of Co-Conservator (if applicable)

Certificate of Service

I certify that on _____ (date) the original was e-filed/filed with the Court and a copy of this Conservator's Report was served on each of the following:

Name of Person You are Sending this Document To (Interested Persons)	Relationship to Protected Person	Address	Manner of Service*

*Insert hand delivery, first class U.S. Mail, certified U.S. Mail, E-filed, or Fax.

Signature of Person Certifying Service

Note:

The Conservator's Report must be filed annually and served on the protected person pursuant to §15-14-404(4), C.R.S. and interested persons pursuant to the Order Appointing Conservator, unless otherwise ordered.

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ In the Interest of: _____ Ward/Protected Person _____	 <div style="text-align: center;">▲ COURT USE ONLY ▲</div>
Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg.#: _____	Case Number: _____ Division _____ Courtroom _____
NOTICE OF CHANGE OF ADDRESS	

1. _____ (name), is the subject of a ☐ Conservatorship and/or ☐ Guardianship.

2. The ☐ Protected Person ☐ Ward has moved. Court approval pursuant to §15-14-315(1)(b), C.R.S. was granted for said move on _____ (date).
 The new address is: _____

3. The ☐ Guardian ☐ Conservator has moved.
 The new address is: _____

4. The Court, in its Order Appointing Guardian or Conservator, ordered that notice of all proceedings be given to the following person(s):

Name	Address	Relationship

 Signature of Guardian/Conservator or Attorney Date

CERTIFICATE OF SERVICE

I certify that on _____ (date) a copy of this Notice was served on each of the following:

Name of Person to Whom you are Sending this Document	Relationship to Ward	Address	Manner of Service*

*Insert one of the following: Hand Delivery, First-Class Mail, Certified Mail, E-Served or Faxed.

 Signature

PREPARING TO FILE YOUR REPORT

The following is a checklist designed to help you prepare for the filing of your Inventory with Financial Plan and Conservator's Report.

To facilitate electronic reproduction of documents please type or legibly print your report in black ink.

- ☐ Does your report have the case number, the Protected Person's name and your address filled in at the top?
- ☐ If you or the Protected Person moved, did you indicate the address change?
- ☐ Did you sign the report? If there are co-conservators, did they all sign the report?
- ☐ Did you keep copies of bank statements and other financial records for possible future court review?
- ☐ Did you provide copies of the report to all interested persons as identified in the order of appointment and complete the certificate of service indicating that you did so?

CONSERVATOR'S WORKSHEET

IMPORTANT DATES TO REMEMBER

Inventory with Financial Plan (JDF 882) due on: _____

Conservator's Report (JDF 885) due on: _____

The following Interested Persons (identified in the Order of Appointment) must be provided copies of the above reports. The *Certificate of Service* on the reports must be completed prior to filing indicating that you have done so.

_____	_____	_____
_____	_____	_____
_____	_____	_____

FINANCIAL INSTITUTION INFORMATION

Name: _____ Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone #: _____

Name: _____ Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone #: _____

MEDICAL INFORMATION

DR./PA./RN. Name: _____ Phone #: _____

Address: _____

PHARMACY INFORMATION

Pharmacy Name: _____ Phone #: _____

Address: _____

RESIDENCE INFORMATION

Name of Facility: _____ Contact Person: _____

Address: _____

Phone #: _____

INSURANCE INFORMATION

Policy Type: _____ Policy Number: _____

Agent: _____ Phone #: _____

Address: _____

OTHER CONTACT INFORMATION

<input checked="" type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court County, Colorado Court Address: <u>Our 1000 Justice Way</u> <u>Hometown, USA 80000</u>		▲ COURT USE ONLY ▲ Case Number: <u>XX PR XXX</u> Division Courtroom
In the interests of: <u>Ima Protected</u>		
Protected Person Attorney or Party Without Attorney (Name and Address): <u>You R. Honest</u> <u>123 Main St.</u> <u>Hometown USA 80000</u> Phone Number: <u>(111) 222-3333</u> E-mail: <u>yourhonest@email.com</u> FAX Number: Atty. Reg. #:		
CONSERVATOR'S INVENTORY WITH FINANCIAL PLAN		

DATE OF APPOINTMENT 10/1/2007 (MM/DD/YYYY)
 INVENTORY VALUES AS OF DATE 10/30/2007 (MM/DD/YYYY)
 FILING DUE DATE 12/1/2007 (MM/DD/YYYY)

I You R. Honest (name of Conservator), move this Court to approve this ☒ Initial
☐ Amended Conservator's Inventory with Financial Plan filed on _____ (date).

As grounds therefore, the Conservator states the following:

1. The information contained in the Inventory with Financial Plan is true and complete. The proposed plan is necessary to protect and manage the income and assets of the protected person.
2. The Financial Plan is based on the actual needs and best interests of the protected person.

I understand that I must provide copies of this Inventory with Financial Plan to the protected person and any others as identified in the Order Appointing Conservator, within 10 days of filing with the Court pursuant to §15-14-404(4), C.R.S. and will indicate having done so by completing the Certificate of Service at the end of this form.

I understand that I am required to maintain supporting documentation for all receipts and disbursements including detailed billing statements from any professional. The Court or any Interested Persons as identified in the Order Appointing Conservator may request copies at any time.

I understand that interested persons have the right to review and respond to information contained in the Inventory with Financial Plan within 30 days of the date of service or by the date of any hearing, whichever occurs first.

Notice to Interested Person. Interested persons have the responsibility to protect their own rights and interests within the time and in the manner provided by the Probate Code, including the appropriateness of disbursements, the compensation of fiduciaries, attorneys, and others, and the distribution of estate assets. Interested persons may file an objection with the Court. The Court will not review or adjudicate these or other matters unless specifically requested to do so by an interested person.

Protected Person's Information: Ima Protected (Name)
 Current Address: Shady Acres Assisted Living, 789 Take Care Ave.
 (Include Name of Living Center or Nursing Home)
 City: Hometown State: USA Zip Code: 80000
 Telephone Number: (111) 888-9999 Age: 82

<input checked="" type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court County, Colorado Court Address: <u>Our 1000 Justice Way</u> <u>Hometown, USA 80000</u>		▲ COURT USE ONLY ▲ Case Number: <u>XXPR.XXX</u> Division Courtroom
In the Interests of: <u>Ima Protected</u>		
Protected Person Attorney or Party Without Attorney (Name and Address):		
Phone Number: FAX Number:	E-mail: Atty. Reg. #:	
CONSERVATOR'S REPORT		

☒ ANNUAL REPORT ☐ AMENDED REPORT
 CURRENT REPORTING PERIOD FROM 10/1/2007 TO 12/31/2007
 (MM/DD/YYYY) (MM/DD/YYYY)
☒ INTERIM REPORT DUE ON 10/1/2008 ☐ FINAL REPORT

If Final Report, indicate why: ☐ Protected Person deceased ☐ Minor turned 21 ☐ Judicial Order

The Conservator's Report pursuant to §15-14-420, C.R.S. must be filed annually and served on all interested persons and the protected person pursuant to §15-14-404(4), C.R.S., unless otherwise ordered. Summarize the financial activity below after completing the detailed accounting information in Parts II and III. Attach additional sheets if necessary.

Notice to Interested Person. Interested persons have the responsibility to protect their own rights and interests within the time and in the manner provided by the Probate Code, including the appropriateness of disbursements, the compensation of fiduciaries, attorneys, and others, and the distribution of estate assets. Interested persons may file an objection with the Court. The Court will not review or adjudicate these or other matters unless specifically requested to do so by an interested person.

Summary of Net Worth - Fair Market Value of Assets Minus Liabilities/Debts

	Last Day of Prior Reporting Period (or <u>Inventory</u>)	Last Day of Current Reporting Period
(A) Total Assets from Part II Item 1	\$ <u>235,918.00</u>	\$ <u>234,033.00</u>
(B) Total Liabilities/Debts from Part II Item 2	\$ <u>.00</u>	\$ <u>.00</u>
(A) minus (B) = Net Worth from Part II Item 3	\$ <u>235,918.00</u>	\$ <u>234,033.00</u>

Summary of Financial Activity

	Prior Reporting Period (or <u>Financial Plan</u>)	Current Reporting Period
(A) Total Receipts/Income from Part III Item 1	\$ <u>9175.00</u>	\$ <u>9200.00</u>
(B) Total Disbursements/Expenses from Part III Item 2	\$ <u>10,155.00</u>	\$ <u>11,085.00</u>
(A) minus (B) = Net Income from Part III Item 3	\$ <u>-980.00</u>	\$ <u>-1,885.00</u>

Protected Person's Information: Ima Protected (Name)

Current Address: Shady Acres Assisted Living, 789 Take Care Ave.
(Include Name of Living Center or Nursing Home)

City: Hometown State: USA Zip Code: 80000

Telephone Number: (111) 888-9999 Age: 83

Conservator's Information: You R. Honest (Name)

Did you receive any fees for being the Conservator during this reporting period?

☐ Yes ☒ No If Yes, indicate hourly rate: \$ _____

Occupation: School Teacher Your Relationship to Protected Person: child

Address: 123 Main St. Apt. # _____

City: Hometown State: USA Zip Code: 80000

Telephone Numbers: Home (111) 222-3333 Work (111) 444-5555 Cell (111) 666-7777

E-Mail Address: yourhonest@email.com

If applicable, Co-Conservator's Information: n/a (Name)

Did you receive any fees for being the Conservator during this reporting period?

☐ Yes ☐ No If Yes, indicate hourly rate: \$ _____

Occupation: _____ Your Relationship to Protected Person: _____

Address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers: Home _____ Work _____ Cell _____

E-Mail Address: _____

Part I – Conservatorship Issues

1. Is there a continued need for the Conservatorship? ☒ Yes ☐ No If No, describe why and what steps should be taken. If you would like the Court to take action, you must file a motion with the Court.

2. Are the remaining assets in the estate sufficient to provide for the present and future care of the protected person? ☒ Yes ☐ No If No, describe why and what steps should be taken. If you would like the Court to take action, you must file a motion with the Court.

3. Attach a copy of the Bond to this Report, unless the Bond was waived or not required by the Court. What is the amount of the Bond? \$ n/a Is the amount of the Bond sufficient to cover all unrestricted assets? ☐ Yes ☐ No If No, describe why and what steps should be taken. If you are requesting a change to the Bond, you must file a motion with the Court.

Part II – Assets and Liabilities/Debts

Is this the first Conservator's Report filed? ☒ Yes ☐ No If Yes, use the amounts from the Inventory with Financial Plan (JDF 882) to complete the column marked with an asterisk (*) in Items 1 and 2 below. If No, use the amounts from the prior Conservator's Report filed to complete the column marked with an asterisk (*) in Items 1 and 2 below.

1. Assets

Description of Asset (Identify all accounts)	Account Number (last 4- digits only)	Name of Financial Institution	* Fair Market Value <input type="checkbox"/> as of Last Day of Prior Reporting Period or <input checked="" type="checkbox"/> Inventory	Fair Market Value (as of Last Day of Current Reporting Period)	Change in Value of Asset
Checking Accounts	1234	Hometown Bank	40,625.00	43,283.00	
Savings Accounts	5678	Hometown Bank	44,543.00	40,000.00	
Other Cash Accounts (e.g. Money Markets and CD's)			0.00	0.00	
Stocks	1011	RichQuik	50,000.00	50,000.00	
Bonds			0.00	0.00	
Mutual Funds			0.00	0.00	
Other Financial Investments			0.00	0.00	
Life Insurance (Cash Value)	5910	CareForLife	25,000.00	25,000.00	
Pension and Retirement Funds (Vested portion)	1213	Pension	100,000.00	100,000.00	
IRA's			0.00	0.00	
Annuities					
Motor Vehicles					
Real Estate (report mortgage in liability/debt section)					
Home Furnishings					
Collections (e.g., stamps or coins)					
Other Assets (Please list)					
Miscellaneous Personal belongings			750.00	750.00	
Total Assets Enter these amounts on page 1.			235,918.00	234,033.00	

Have Total Assets changed from the last day of the Prior Reporting Period or Inventory? ☐ Yes ☒ No
If Yes, briefly explain the changes below. Please include a description of any significant or unanticipated transactions.

2. Liabilities/Debts

Description of Liability/Debt (Identify all accounts)	Account Number (last 4-digits only)	Name of Financial Institution	*Value on Last day of <input type="checkbox"/> Prior Reporting Period or <input type="checkbox"/> Inventory	Last Day of Current Reporting Period	Change in Amount of Liability
Mortgages (principal due only)					
Car Loans					
Home Improvement Loans					
Student Loans					
Credit Card Debt					
Federal Taxes Owed					
State and Local Taxes Owed					
Other Liabilities/Debts (Please list)					
Total Liabilities/Debts Enter these amounts on page 1.			0.00		

Have Total Liabilities/Debts changed from the last day of the Prior Reporting Period or Inventory?

☐ Yes ☒ No If Yes, briefly explain the changes below. Please include a description of any significant or unanticipated transactions.

3. Net Worth – Fair Market Value of Assets Minus Liabilities/Debts

Net Worth	Last Day of Prior Reporting Period or Inventory	Last Day of Current Reporting Period
Assets minus Liabilities/Debts (Item 1 Total minus Item 2 Total) Enter these amounts on page 1.	235,918.00	234,033.00

Part III – Receipts/Income and Disbursements/Expenses

Is this the Initial Conservator's Report filed? ☒ Yes ☐ No If Yes, use the amounts from the Inventory with Financial Plan (JDF 882) to complete the column marked with an asterisk (*) in items 1 and 2, below. If No, use the amounts from the prior Conservator's Report filed to complete the column marked with an asterisk (*) in items 1 and 2, below.

1. Total Receipts/Income

Description of Receipt/Income Category	*Total Amount of Receipts / Income from <input type="checkbox"/> Prior Reporting Period or <input checked="" type="checkbox"/> Financial Plan	Total Amount of Receipts / Income for Current Reporting Period	Change in Amount of Receipt/Income
Wages	0.00	0.00	
Social Security	500/month 1500.00	1500.00	
Interest / Dividends	58.62/month 175.00	200.00	+7.67/month
Pensions / Retirement Plan Distributions	2500/month 7500.00	7500.00	
Tax Refunds	0.00	0.00	
Proceeds from Sales of Assets			
Rental Income			
Gifts from Others			
Disability, Unemployment or Worker's Compensation			
Other Public Assistance			
Other Receipts / Income (Please list)			
Total Receipts/Income Enter these amounts on page 1.	9175.00	9200.00	

Have Total Receipts/Income changed from the Prior Reporting Period or Financial Plan? ☐ Yes ☒ No
If Yes, briefly explain the changes below. Please include a description of any significant or unanticipated transactions.

No significant change. There was a little more interest earned than expected.

2. Disbursements/Expenses

Description of Disbursement / Expense Category	*Total Amount of Disbursement / Expense from <input type="checkbox"/> Prior Reporting Period or <input checked="" type="checkbox"/> Financial Plan	Total Amount of Disbursement / Expense for Current Reporting Period 10/07-12/07	Change in amount of Disbursement/Expense
Total Professional Fees Paid (from Part IV. Item 1 – Payment to Professionals)	0.00	0.00	
Distributions to Protected Person	0.00	0.00	
Income Taxes	0.00	0.00	
FICA and Medicare Taxes	0.00	0.00	
Health Care (including health insurance and prescriptions) Co-pays 310/month	930.00	1090.00	160.00
Other Insurance Care For Life 50/month	150.00	150.00	
Rent or Mortgage 3000/month	3000.00	9200.00	200.00
Property Taxes and Assessments	0.00	0.00	
Repairs and Maintenance		0.00	
Utilities, including phones		0.00	
Home Furnishings		150.00	150.00 + v.
Food and Household Supplies		0.00	
Clothing		200.00	200.00 clothing
Personal Care 25/month	75.00	75.00	
Auto Expenses	0.00	0.00	
Education			
Entertainment, Vacations and Travel			
Other Disbursements/Expenses, e.g. gifts (Please list)			
Gifts for grandkids		200.00	200.00
check order		20.00	20.00
Total Disbursements/Expenses	10,155.00	11,085.00	
Enter these amounts on page 1.			

Have Total Disbursements/Expenses changed from the Prior Reporting Period or Financial Plan?

☒ Yes ☐ No If Yes, briefly explain the changes below. Please include a description of any significant or unanticipated transactions.

Mom got shingles in Nov. She was at the dr. (more co-pays) & required prescriptions. Her old t.v. finally broke; she needed some clothes and a new winter coat; she wanted to buy holiday gifts for her 4 grandkids. Shady Acres raised their monthly rate \$200 in Dec.

3. Net Income – Total Receipts/Income Minus Total Disbursements/Expenses

Net Income	Prior Reporting Period or Financial Plan	Current Reporting Period
Receipts/Income minus Disbursements/Expenses (Item 1 Total minus Item 2 Total) Enter these amounts on page 1.	-980.00	-1,885.00

Part IV – Payments to Professionals

- List below payments to professionals that you are employing to serve you, as conservator, the protected person or the estate; and the amounts paid to such professionals during this reporting period. Include any fees you received as the Conservator.

Type of Professional and Name of Individual	Total Amount Paid in Current Reporting Period
Conservator -	
Guardian -	
Guardian ad litem-	
Legal fees for Protected Person -	
Legal fees for Conservator -	
Legal fees for Guardian -	
Legal fees for Petitioner -	
Accountant/CPA -	
Case Manager -	
Other: Describe	
Other: Describe	
Other: Describe	
Other: Describe	
Total Professional Fees Paid Enter total in Part III, Item 2.	0.00

- For each professional listed above, provide the following for the current reporting period: Name, hourly rate charged (may include range of hourly rates, if applicable), number of hours worked, total hourly fees, other costs charged and a brief description of the services provided and benefit to the estate.

The sum of the total hourly fees and other costs charged for each professional listed in the chart below, should equal the total amount paid in the current reporting period in Item 1, above for that professional.

Name of Professional	Hourly Rate (Range)	No. of Hours Worked	Total Hourly Fees	Other Costs Charged	Brief Description of Services Provided and Benefit to the Estate

Part V – Detail Listing of Receipts/Income and Disbursements/Expenses

For each bank account included in Part II, Item 1, list below each individual item of Receipts/Income or Disbursements/Expenses for the entire reporting period. If applicable, add additional pages and/or a separate listing if more than one bank account. Each Receipt/Income should be listed in the Amount Received column and each Disbursement/Expense should be listed in the Amount Disbursed column. Note: This report should resemble a check register for each bank account.

Name of Bank: Hometown Bank Account Number (last 4-digits only): 12345678

Beginning Cash Balance \$ 85,168.00 (This should match the ending balance from the last report)

Add: Total Amount Received \$ 9,200.00 (Enter total from listing below)

Less: Total Amount Disbursed \$ 11,085.00 (Enter total from listing below)

Ending Cash Balance \$ 83,283.00 (This will be the beginning balance on next year's report)

Date	Check or I.D. No.	Description of item Received or Disbursed, include Name of Payee (if Disbursement)	Amount Received	Amount Disbursed
10/3/07		SSI	500.00	
10/3/07		Retirement	2500.00	
10/5/07	2001	Shady Acres		3000.00
10/5/07	2002	Supplemental Ins. Premium		150.00
10/5/07	2003	Care For Life premium		50.00
10/8/07	2004	Dr. Hurt / co-pay		30.00
10/8/07	2005	Rogers Pharmacy		100.00
10/10/07	2006	check order-Hometown Bank		20.00
10/15/07	2007	Haller's Hall of Hair / Cut & Perm		25.00
10/28/07	2008	Dr. Hurt / co-pay		30.00
11/3/07		SSI	500.00	
11/3/07		Retirement	2500.00	
11/5/07	2009	Shady Acres		3000.00
11/5/07	2010	Supp. Ins. Prem.		150.00
11/5/07	2011	Care for Life premium		50.00
11/8/07	2012	Dr. Hurt / co-pay		30.00
11/8/07	2013	Roger's Pharmacy		100.00
11/12/07	2014	Dr. Hurt / co-pay		30.00
11/15/07	2015	Haller's Hall of Hair / Cut & Perm		25.00
11/15/07	2016	Jean's House of Jeans / Clothes & Coat		200.00
11/28/07	2017	Dr. Hurt / co-pay		30.00
11/28/07	2018	Roger's Pharmacy		50.00
12/3/07		SSI	500.00	
12/3/07		Retirement	2500.00	
12/15/07	2019	Shady Acres		3200.00
Page <u>1</u> of <u>2</u>			\$ <u>9000.00</u>	\$ <u>10,270.00</u>

Part V – Detail Listing of Receipts/Income and Disbursements/Expenses

For each bank account included in Part II, Item 1, list below each individual item of Receipts/Income or Disbursements/Expenses for the entire reporting period. If applicable, add additional pages and/or a separate listing if more than one bank account. Each Receipt/Income should be listed in the Amount Received column and each Disbursement/Expense should be listed in the Amount Disbursed column. Note: This report should resemble a check register for each bank account.

Name of Bank: _____ Account Number (last 4-digits only): _____

Beginning Cash Balance \$ _____ (This should match the ending balance from the last report)

Add: Total Amount Received \$ _____ (Enter total from listing below)

Less: Total Amount Disbursed \$ _____ (Enter total from listing below)

Ending Cash Balance \$ _____ (This will be the beginning balance on next year's report)

Date	Check or I.D. No.	Description of item Received or Disbursed, include Name of Payee (if Disbursement)	Amount Received	Amount Disbursed
12/5/07	2020	Supp. Ins. Premium		150.00
12/5/07	2021	Care for Life Premium		50.00
12/8/07	2022	Dr. Hurt / Co-pay		30.00
12/8/07	2023	Roger's Pharmacy		150.00
12/15/07	2024	Hatler's / Cut e Person		25.00
12/15/07	2025	Dr. Hurt / Co-pay		30.00
12/15/07	2026	Jerry's T.V. Store		150.00
12/15/07	2027	Hometown Mall / Holiday gifts		200.00
12/22/07	2028	Dr. Hurt / Co-pay		30.00
12/31/07	2029	Quarterly interest	200.00	
Page <u>2</u> of <u>2</u>			\$ 200.00	\$ 815.00
			\$ 9200.00	\$ 11,085.00

I state under penalty of perjury that this is a true and complete report of the administration of this estate, during the period shown, both dates inclusive, to the best of my knowledge, information and belief. I understand that this report is subject to audit and verification.

I understand that I am required to maintain supporting documentation for all receipts and disbursements including detailed billing statements from any professional. The Court or any Interested Persons as identified in the Order Appointing Conservator may request copies at any time.

Date: 9-30-08

Yon R. Honest
Signature of Conservator

Date: _____

Signature of Co-Conservator (if applicable)

Certificate of Service

I certify that on 9-30-08 (date) the original was e-filed/filed with the Court and a copy of this Conservator's Report was served on each of the following:

Name of Person You are Sending this Document To (Interested Persons)	Relationship to Protected Person	Address	Manner of Service*
Ima Protected	Protected Person	789 Take Care Ave	hand delivery
Sister Sue	Daughter	Hometown, USA 80000 456 Columbine Rd. Hometown, USA 80000	1st class mail

*Insert hand delivery, first class U.S. Mail, certified U.S. Mail, E-filed, or Fax.

Yon R. Honest
Signature of Person Certifying Service

Note:

The Conservator's Report must be filed annually and served on the protected person pursuant to §15-14-404(4), C.R.S. and interested persons pursuant to the Order Appointing Conservator, unless otherwise ordered.

Conservator's Information: You R. Honest (Name)

Do you plan on receiving any fees for being the Conservator? ☐ Yes ☒ No If Yes, indicate hourly rate: \$ _____

Occupation: School Teacher Your Relationship to Protected Person: child

Address: 123 Main St. Apt. # _____

City: Hometown State: USA Zip Code: 80000

Telephone Numbers: Home (111) 222-3333 Work (111) 444-5555 Cell (111) 666-7777

E-Mail Address: yourhonest@email.com

If applicable, Co-Conservator's Information: n/a (Name)

Do you plan on receiving any fees for being the Conservator? ☐ Yes ☐ No If Yes, indicate hourly rate: \$ _____

Occupation: _____ Your Relationship to Protected Person: _____

Address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers: Home _____ Work _____ Cell _____

E-Mail Address: _____

Part I – Summary of Inventory

Summarize the Inventory below after completing the detailed accounting information in Parts III and IV.

(A) Total Assets (Total from Part III) \$ 235,918.00
(B) Total Liabilities/Debt (Total from Part IV) \$ 0.00

Net Worth: (A) minus (B) \$ 235,918.00

Part II – Summary of Financial Plan (Receipts/Income Minus Disbursements/Expenses)

Summarize the Financial Plan below after completing the detailed accounting information in Part V.

	Projected Monthly Amount	Projected Annual Amount
(A) Receipts/Income (Total from Part V(A) below)	\$ <u>3058.33</u>	\$ <u>36,700.00</u>
(B) Disbursements/Expenses (Total from Part V(B) below)	\$ <u>3385.00</u>	\$ <u>40,620.00</u>

Net Income: (A) minus (B) \$ -326.67 \$ -3920.00

Part III – Inventory of Assets

Report the fair market value of each category of asset in the chart below as of the Inventory date. By indicating "None", you are stating affirmatively that the protected person does not have assets in that category.

Note: If additional space is needed, separate sheets may be used. If additional items are discovered after the initial inventory has been completed, a supplemental inventory listing those additional item(s) shall be completed.

Cash on Hand, Bank, Checking, Savings, Certificate of Deposits, or Health Accounts (Name of Bank or Financial Institution) <input type="checkbox"/> None	Type of Account	Account # (last 4-digits only)	Balance
Hometown Bank	checking	1234	\$40,625. ⁰⁰
Hometown Bank	savings	5678	44,543. ⁰⁰
Total			\$85,168. ⁰⁰

Stocks, Bonds, Mutual Funds, Securities and Investment Accounts <input type="checkbox"/> None	Number of Shares or Identify Account Number (last 4-digits only)	Current Value
Rich Quick Stocks	1011	\$50,000. ⁰⁰
Total		\$50,000. ⁰⁰

Life Insurance (Name of Company/Beneficiary) <input type="checkbox"/> None	Type of Policy	Face Amount of Policy	Cash Value
Care For Life Insurance Co. Beneficiaries - 2 children	Term	25,000. ⁰⁰	\$ 0.00
Total			\$ 0.00

Pension, Profit Sharing, Annuities or Retirement Funds <input type="checkbox"/> None	Type of Plan (401(k), IRA, 457, PERA, Military, etc.)	Account # (last 4-digits only, if applicable)	Current Value
Retirement / \$2500. ⁰⁰ /month benefit	Pension	1213	\$100,000. ⁰⁰
Total			\$100,000. ⁰⁰

Motor Vehicles & Recreation Vehicles (Including Motorcycles, ATV's, Boats, etc.)	Year	Make and Model	Estimated Value Value = what you could sell it for in its current condition.
<input checked="" type="checkbox"/> None			\$
Total			\$ 0.00

Real Estate (Indicate address)	Type of Property (Home, Rental, Land, etc.)	Estimated Value Value = what you could sell it for in its current condition.
<input checked="" type="checkbox"/> None		\$
Total		\$ 0.00

General Household and Other Personal Property.	Estimated Value Value = what you could sell it for in its current condition.
<input type="checkbox"/> None	
General Household and Other Personal Property (Total value except for items listed below.)	\$
<i>Separately list and value items of significant value below, for example: Jewelry, Antiques, Collectibles, Artwork, etc.</i>	
Miscellaneous property: clothes, books, t.v.	750.00
Total	\$

Miscellaneous Assets (List each one separately and be specific.)	Estimated Value Value = what you could sell it for in its current condition.
<input checked="" type="checkbox"/> None	\$
Total	\$

Total Assets Enter this amount in Part I.	\$ 235,918.00
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Part IV – Inventory of Liabilities/Debts

Report the value of each liability/debt in the chart below as of the Inventory date.

Description of Liability/Debt	Name of Financial Institution	Account Number (last 4-digits only)	Balance
Mortgages (principal due only)			\$ 0.00
Car Loans			
Home Improvement Loans			
Student Loans			
Credit Card Debt			
Federal Taxes Owed			
State and Local Taxes Owed			
Other Liabilities/Debt (Please list)			
Other Liabilities/Debt (Please list)			
Total Liabilities/Debt Enter this amount in Part I.			\$ 0.00

No debts or liabilities

Part V – Financial Plan

List all expected sources of receipts/income and disbursements/expenses in the charts below. If a specific category is not applicable, indicate "0" in the projected monthly and annual amounts columns. You will use these amounts when you file the initial Conservator's Report.

A. Receipts/Income

Indicate the amount of cash receipts/income received on both a monthly and annual basis. If an income amount (such as wages) is to be received on a monthly basis, multiply the amount by 12 to determine the projected annual amount. If an income amount (such as dividends) is to be received on an annual basis, divide the amount by 12 to determine the projected monthly amount.

Description of Receipt/Income Category	Projected Monthly Amount	Projected Annual Amount
Wages		0.00
Social Security	500.00	6000.00
Interest / Dividends	58.33	700.00
Pensions / Retirement Plan Distributions	2500.00	30,000.00
Rental Income		
Gifts from Others		
Disability, Unemployment or Worker's Compensation		
Other Public Assistance		
Other Receipts / Income (Please list)		
Other Receipts / Income (Please list)		
Total Receipts/Income Enter the total projected monthly and annual amounts in Part II.	3058.33	36,700.00

B. Disbursements/Expenses

Indicate the cash disbursement/expense amount on both a monthly and annual basis. If an expense (such as utilities) is to be paid on a monthly basis, multiply the amount by 12 to determine the projected annual amount. If an expense (such as property taxes) is to be paid on an annual basis, divide the amount by 12 to determine the projected monthly amount.

Description of Disbursement/Expense Category	Projected Monthly Amount	Projected Annual Amount
Total Professional Fees Paid (from Part C)	\$ 0.00	\$ 0.00
Distributions to Protected Person	0.00	0.00
Income Taxes	0.00	0.00
FICA and Medicare Taxes	0.00	0.00
Health Care (including health insurance, prescriptions, co-pays)	310.00	3720.00
Other Insurance Life insurance premium	50.00	600.00
Rent or Mortgage - Shady Acres	3000.00	36000.00
Property Taxes and Assessments	0.00	0.00
Repairs and Maintenance		
Utilities, including phones		
Home Furnishings		
Food and Household Supplies		
Clothing		
Personal Care	25.00	300.00
Auto Expenses	0.00	0.00
Education		
Entertainment, Vacations and Travel		
Monthly Debt Repayments (excluding mortgage)		
Other Disbursements/Expenses, e.g. gifts (Please list)		
Other Disbursements/Expenses (Please list)		
Total Disbursements/Expenses Enter the total projected monthly and annual amounts in Part II.	\$ 3,385.00	\$ 40,620.00

C. Projected Payments to Professionals

Do you expect to pay any fees to professionals, including any fees you receive for being the Conservator? ☐ Yes

☒ No If Yes, list below projected payments to professionals that will serve you, as conservator, the protected person or the estate. Include any fees you plan to receive as the Conservator.

Type of Professional and Name of Individual	Projected Monthly Amount	Projected Annual Amount
Conservator -	0.00	0.00
Guardian -		
Guardian ad litem -		
Legal fees for Protected Person -		

Legal fees for Conservator -	0.00	0.00
Legal fees for Guardian -		
Legal fees for Petitioner -		
Accountant / CPA -		
Case Manager -		
Other -		
Other -		
Total Professional Fees – Enter totals in Part V – Section B Disbursements/Expenses.	\$ 0.00	\$ 0.00

I state under penalty of perjury that this is a true and complete Inventory with Financial Plan of this estate, during the period shown, both dates inclusive, to the best of my knowledge, information and belief. I understand that this report is subject to audit and verification.

you R. Honest 11-30-07
 Conservator's Signature Date

Subscribed and affirmed, or sworn to before me
 in the County of Our
 State of Colorado, this 30th
 day of November, 20 07.

My Commission Expires: 1/2012

Ira Notary
 Notary Public

Co-Conservator's Signature Date

Subscribed and affirmed, or sworn to before me
 in the County of _____,
 State of _____, this _____
 day of _____, 20 _____.

My Commission Expires: _____

Notary Public/Clerk

Certificate of Service

I certify that on 11-30-07 (date) the original was e-filed/filed with the Court and a copy of this Conservator's Inventory with Financial Plan was served on each of the following:

Name of Person You are Sending this Document To (Interested Persons)	Relationship to Protected Person	Address	Manner of Service*
<u>Ima Protected</u>	<u>Protected Person</u>	<u>Shady Acres, 789 Take Care Ave</u>	<u>hand delivery</u>
<u>Sister Sue</u>	<u>daughter</u>	<u>Hometown, USA 80000</u> <u>456 Columbine Rd.</u> <u>Hometown, USA 80000</u>	<u>1st class mail</u>

*Insert hand delivery, first class U.S. Mail, certified U.S. Mail, E-filed, or Fax.

you R. Honest
 Signature of Person Certifying Service

Note: The Inventory with Financial Plan must be served on the protected person pursuant to §15-14-404(4), C.R.S. and interested persons pursuant to the Order Appointing Conservator, unless otherwise ordered.