

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 #: _____))
_____)) CONSERVATOR'S ANNUAL REPORT

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): 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 give the court as complete a picture as possible of the protected person's current financial situation and what has happened in the last 12 months.

Reporting Period

This report covers the following period: From _____ To _____

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 protected person? No Yes

Guardian's 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.

If you are a private professional guardian or conservator, do you have professional liability insurance?

Yes. (Attach copy of current Declarations page showing liability limits.)

No.

Changes in Conservatorship Needed

- Is there a current need for change in the conservatorship? No Yes

If yes, explain: _____

If you want the court to change its order, please file form PG-190.

- If this is a Public Guardian appointment, is a suitable private conservator available?

No Yes _____

Information About Protected Person

1. Housing.

- a. 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 _____

- b. Has the protected person moved in the past year? Yes No

If yes, explain: _____

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

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

2. Medical Care.

- a. Describe in general terms the nature of the protected person's medical expenses during the reporting period (services received and cost).

- b. Has there been a significant change in these expenses from the prior year?

Yes No Explain: _____

3. **School and Job Training.**

Has the protected person attended school or any type of job training in the past 12 months? _____

Cost: _____

4. **Work.**

Has the protected person been employed at any time during the past 12 months?

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 past 12 months:

Type of Contact

How Often

in person

by telephone

by mail or e-mail

through 3rd person: _____

other: _____

6. **Decision Making.**

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

b. What have you done to help the protected person learn to manage and protect his/her money? _____

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

(1) Describe decisions made by protected person alone: _____

(2) Describe decisions made by conservator alone: _____

(3) Describe decisions made by conservator and protected person together: _____

7. **Significant Actions.**

Describe any significant actions you have taken as conservator for the protected person during the past 12 months (including any actions taken regarding the protected person's property and funds): _____

8. **Protected Person's Annual Income.** (List only income of protected person during the 12-month reporting period, not your income.)

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

Total Annual Income During Previous Reporting Period: _____

Change in Annual Income Since Previous Reporting Period _____

Explain any difference more than \$1000: _____

10. **Protected Person's Annual Expenses.** (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>Annual Amount</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:	_____	_____
Other (list all other payments made):	_____	_____
	_____	_____
Total Annual Expenses:		_____
Total Annual Expenses During Previous Reporting Period:		_____
Change in Annual Expenses Since Previous Reporting Period		_____
Explain any difference more than \$1000:	_____	

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

Does 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 At End of Reporting Period (Date: _____).**
 (List all assets the person owns individually or jointly. Attach extra pages if necessary.)

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

Explain any changes in the last 12 months: _____

b. **Burial Account**

Name of Bank or Institution	Type of Account	Account Number	Balance

Explain any changes in the last 12 months: _____

c. **Alaska Native Corporation Dividend Account**

Name of Bank or Institution	Type of Account	Account Number	Balance

Explain any changes in the last 12 months: _____

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 in the last 12 months: _____

- 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 in the last 12 months: _____

- f. **Retirement Accounts.**

Name of Company	Beneficiary	Current Value

Explain any changes in the last 12 months: _____

- 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 in the last 12 months: _____

- 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 in the last 12 months: _____

(2) Other Real Estate. Estimated Value: \$ _____
 Address: _____
 Description: _____
 Is there a joint owner? No Yes
 Explain any changes in the last 12 months: _____

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 in the last 12 months: _____

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 in the last 12 months: _____

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 in the last 12 months: _____

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 in the last 12 months: _____

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

Explain any changes in the last 12 months: _____

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 At End of This Reporting Period:** _____
 (date)

(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 #12(h)(1). Loan balance: \$ _____

(2) Property described in #12(h)(2). Description: _____
 Loan balance: \$ _____

Explain any changes in the last 12 months: _____

- b. **Other Loans.**

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

Explain any changes in the last 12 months: _____

c. **Credit Cards.**

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

Explain any changes in the last 12 months: _____

d. **Judgments/liens.** Description Balance Due

_____	_____
_____	_____

Explain any changes in the last 12 months: _____

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 in the last 12 months: _____

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 in the last 12 months: _____

16. 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