

## CONSERVATORSHIP INFORMATION

**1. Information concerning proposed conservator.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Birth date: \_\_\_\_\_

Relationship to Proposed Conservatee: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Do you consent to act as conservator? \_\_\_\_\_

**2. Personal information about Proposed Conservatee:**

Full name of Proposed Conservatee (include aka's):

\_\_\_\_\_

\_\_\_\_\_

Last residence address(es), including county for last 5 yrs.,

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address where proposed conservatee resides if different from

above: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Can proposed conservatee continue to live at residence, if not, reason change is proposed:

**Immediate needs, if any:**

**Financial:** \_\_\_\_\_

**Medical:** \_\_\_\_\_

**Other:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Birth and Sex: \_\_\_\_\_

Place of birth, including county: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Social Security number: \_\_\_\_\_  
Citizenship of Minor; \_\_\_\_\_

Married/unmarried/divorced/widowed: \_\_\_\_\_

Spouse full name: \_\_\_\_\_  
Spouse DOD: \_\_\_\_\_

**3. Information about Proposed Conservatee's relatives:**

Children, grandchildren, parents, grandparents, brothers and sisters, nieces and nephews:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

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 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

**4. Petition information:**

Will proposed conservatee be able to attend hearing?

Is proposed conservatee willing to attend hearing?

Is proposed conservatee available for personal service of process?

Physician's name, address, and telephone number:

Health and social services provided to the proposed conservatee during the past year

Is proposed conservatee in or on leave of absence from a state institution?

Is proposed conservatee receiving or entitled to receive benefits from the Veterans Administration?

If yes monthly benefit \$\_\_\_\_\_ and address of facility:

Is proposed conservatee developmentally disabled? If so, give address of regional center working with the proposed conservatee:

Physical condition of proposed conservatee. Describe nature and extent of infirmity:

Does proposed conservatee consent to conservatorship?

Has proposed conservatee nominated conservator? Or would proposed conservatee sign a nomination?

**Temporary conservator:**

Describe emergency that requires temporary conservator of the person and/or estate pending appointment of permanent conservator:

Name of proposed temporary conservator (include address and telephone number if different person)

**5. Proposed Conservatee's financial status:**

Accountant:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Insurance agent(s):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Any other persons who may have knowledge of decedent's assets:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Information about Proposed Conservatee's property:**

Estimated value of total estate: \_\_\_\_\_

For each parcel of real property (get copy of deed):

Address: \_\_\_\_\_

County: \_\_\_\_\_

Nature of title (e.g., community property etc.): \_\_\_\_\_

Encumbrances: \_\_\_\_\_

Rental Info. (type and number): \_\_\_\_\_

For each business decedent owned or had ownership interest in:

Name and address: \_\_\_\_\_

President/manager: \_\_\_\_\_

Nature of decedent's interest: \_\_\_\_\_

Estimated value of decedent's interest: \_\_\_\_\_

For each safe deposit box:

Name and address of institution: \_\_\_\_\_

Box number: \_\_\_\_\_

Person possessing any token of ownership (e.g., key): \_\_\_\_\_

For each financial account:

Name and address of institution: \_\_\_\_\_

\_\_\_\_\_

Account type and number: \_\_\_\_\_

Manner in which title is held: \_\_\_\_\_

Location of passbooks, if any: \_\_\_\_\_

(Provide last statement showing date of death balance)

Name and address of institution: \_\_\_\_\_

\_\_\_\_\_

Account type and number: \_\_\_\_\_

Manner in which title is held: \_\_\_\_\_  
 Location of passbooks, if any: \_\_\_\_\_  
 (Provide last statement showing date of death balance)

For each stock brokerage account:  
 Name and address of broker: \_\_\_\_\_  
 Account type and number: \_\_\_\_\_  
 Manner in which title is held: \_\_\_\_\_

For each life insurance policy:  
 Name and address of agent: \_\_\_\_\_  
 Type of policy and number: \_\_\_\_\_  
 Name of Beneficiary: \_\_\_\_\_ Face value of policy: \_\_\_\_\_  
 Location of policy: \_\_\_\_\_

Personal Property of significant value briefly describe:  
 Motor vehicle: \_\_\_\_\_  
 Jewelry: \_\_\_\_\_ Clothing: \_\_\_\_\_  
 Artwork: \_\_\_\_\_  
 Coin, stamp, gun, or other collections: \_\_\_\_\_  
 Bonds: \_\_\_\_\_ Copyrights/royalties: \_\_\_\_\_  
 Stock options: \_\_\_\_\_  
 Other tangible or intangible personal property of significant value: \_\_\_\_\_  
 \_\_\_\_\_

**Proposed conservatee's testamentary plans:**

Has proposed conservatee made a will/trust? Is a copy available?  
 If so, to whom and from whom?