

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA  
AT \_\_\_\_\_

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

**Instructions To Conservator**

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

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

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

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

**Reporting Period**

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

**Information About Conservator**

Conservator's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(box or street number) (city) (state) (ZIP)

Check here if this mailing address is new.

Relationship to protected person: \_\_\_\_\_

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

**Reason For Ending Conservatorship**

My conservatorship of the protected person has ended because:

- The protected person died on \_\_\_\_\_ at \_\_\_\_\_  

date) (location)

  - A copy of the death certificate is attached.
- I  did  did not have possession of the protected person’s will.
  - On \_\_\_\_\_, 20\_\_\_\_, I delivered the protected person’s will to the court for safekeeping, as required by AS 13.26.285(e), and informed the executor or a beneficiary named in the will that the will had been so delivered. Name of person notified: \_\_\_\_\_
- I resigned as conservator. A new conservator, \_\_\_\_\_, has been appointed.  

(name)
- I was removed by the court.
- The court has terminated the conservatorship because \_\_\_\_\_  
 \_\_\_\_\_
- Other (Explain): \_\_\_\_\_

If the protected person is deceased or if the conservatorship has been terminated because the protected person regained the ability to manage his/her property and affairs, you need not fill out paragraphs 1-6. Skip to paragraphs 7 - 16.

**Information About Protected Person**

**1. Housing.**

Where does the protected person live now (name of facility or place)? \_\_\_\_\_  
 \_\_\_\_\_

Who takes care of the protected person? \_\_\_\_\_

Type of Residence:  nursing home  assisted living home  \_\_\_\_\_

**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.**

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

Cost: \_\_\_\_\_

4. **Work.**

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

5. **Contacts With Protected Person.**

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

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

6. **Decision Making.**

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

7. **Significant Actions.**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. **Additional Information.**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

**Total Income Received Since Last Annual Report:** \_\_\_\_\_

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

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

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

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

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

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

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

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

Explain any changes since last report: \_\_\_\_\_

b. **Burial Account**

| Name of Bank or Institution | Type of Account | Account Number | Balance |
|-----------------------------|-----------------|----------------|---------|
|                             |                 |                |         |

Explain any changes since last report: \_\_\_\_\_

c. **Alaska Native Corporation Dividend Account**

| Name of Bank or Institution | Type of Account | Account Number | Balance |
|-----------------------------|-----------------|----------------|---------|
|                             |                 |                |         |

Explain any changes since last report: \_\_\_\_\_

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

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

Explain any changes since last report: \_\_\_\_\_

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

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

Explain any changes since last report: \_\_\_\_\_  
 \_\_\_\_\_

- f. **Retirement Accounts.**

| Name of Company | Beneficiary | Current Value |
|-----------------|-------------|---------------|
|                 |             |               |
|                 |             |               |
|                 |             |               |

Explain any changes since last report: \_\_\_\_\_  
 \_\_\_\_\_

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

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

Explain any changes since last report: \_\_\_\_\_  
 \_\_\_\_\_

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

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

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

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

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

Explain any changes since last report: \_\_\_\_\_  
 \_\_\_\_\_

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

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

Explain any changes since last report: \_\_\_\_\_  
 \_\_\_\_\_

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

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

Explain any changes since last report: \_\_\_\_\_  
 \_\_\_\_\_



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

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

Explain any changes since last report: \_\_\_\_\_  
 \_\_\_\_\_

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

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |

Explain any changes since last report: \_\_\_\_\_  
 \_\_\_\_\_

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

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

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

a. **Real Estate Debts.**

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

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

b. **Other Loans.**

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

Explain any changes since last report: \_\_\_\_\_  
 \_\_\_\_\_

c. **Credit Cards.**

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

|       |       |       |       |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Explain any changes since last report: \_\_\_\_\_

\_\_\_\_\_

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

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |

Explain any changes since last report: \_\_\_\_\_

\_\_\_\_\_

e. **Amounts Owed For Services.**

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

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

Explain any changes since last report: \_\_\_\_\_

\_\_\_\_\_

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

**Total Liabilities at End of Previous Reporting Period:**      \$ \_\_\_\_\_

**Change in Total Liabilities Since Previous Reporting Period:**      \$ \_\_\_\_\_

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

Total Assets from 12 a - m      \$ \_\_\_\_\_

Total Liabilities from 13 a - e      \$ \_\_\_\_\_

**Net Estate Value**      **\$ \_\_\_\_\_**

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

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

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

Name of Trust: \_\_\_\_\_

Name and Address of Trustee: \_\_\_\_\_

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

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

Yes     No

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

Explain any changes since last report: \_\_\_\_\_

\_\_\_\_\_

16. **Assets Released.**

The protected person's assets were released as follows:

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

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

Oath

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

\_\_\_\_\_ Date \_\_\_\_\_ Conservator's Signature

Subscribed and sworn to or affirmed before me at \_\_\_\_\_, Alaska  
on \_\_\_\_\_, 20\_\_.

(SEAL)

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

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

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

\_\_\_\_\_  
Conservator's Signature