State of Minnesota				District Court robate Division
County of			J	udicial District
In Re: Conservatorship of: (enter the Protected Person's information below Name:				
Address:		Acknowledgement of E	lectronic	Report Filing
Phone:		-	By:	Individual Corporation
State of County of By submitting this Ack orders, policies and procedures) nowledgement, t governing the us	the undersigned conservator agrees to se of the electronic report filing system ername and password and immediately	n. The co	nservator agrees
password has been compromise is deemed to have been signed been signed been signed been signed because of the compromise	ed. The conservatory the conservatory	tor agrees that each electronically filed or and that the conservator has authorized ifies that the conservator has completed	l report or ed the fili	other document ng.
BY INDIVIDUAL:				
Dated:	20			
Sworn/affirmed before me this day of		Signature of Conservator Name (print): Address:		
Notary Public \ Deputy Court A [Stamp or Seal]	dministrator	City/State/Zip: Telephone: E-Mail:		
BY CORPORATION:				
The Corporation has author	ized this acknowl	ledgement to be signed in the corporate	e name.	
Date:	_, 20	Corporation:		
Sworn/affirmed before me this day of, 20		Signature:Name (print): Title:Address:		
Notary Public \ Deputy Court Administrator [Stamp or Seal]		City/State/Zip: Telephone: E-Mail:		
COMPLETE THIS FORM A	ND RETURN IT	TO THE COURT WHERE CASE IS C	URRENT	LY FILED
	Emergency Eg Balance of Las	OURT USE ONLY General Successor -OR- t Filed Account (Personal Property Fig		Y):