

State of Minnesota

County of \_\_\_\_\_

District Court  
Judicial District  
Probate / Mental Health Division  
Court File No. \_\_\_\_\_  
Case Type: Conservatorship

In Re: Conservatorship of \_\_\_\_\_,

\_\_\_\_\_ ANNUAL  
ACCOUNT or  
 FINAL ACCOUNT

For Period Ending: \_\_\_\_\_  
Date of Appointment: \_\_\_\_\_

The annual account is summarized on these first two pages. Pursuant to General Rule of Practice for District Courts, Rule 11, restricted identifiers and financial source documents are confidential. See Forms 11.1 and 11.2. Do not list financial account numbers or social security numbers on this form. List such information on Form 11.1.

Assets and Income		Amount	Deductions and Expenses		Amount
1. Beginning Balance: Total Class II property from Inventory for the first annual account, or the balance of personal property assets on hand per the last annual account					
2. Other income			1. Bond premiums		
3. Social Security			2. Attorney fees		
4. Pension/VA Benefits			3. Accrued attorney fees		
5. Interest income			4. Conservator fees		
6. Dividend income			5. Accrued conservator fees		
7. Proceeds from sale of assets			6. Taxes		
8. Assets omitted from inventory			7. Rent / Mortgage		
9. Refunds			8. Inventory value of assets sold		
10. Other increases			9. Other decreases		
<b>Total Assets and Income</b>			<b>Total Debts and Deductions</b>		

<b>Total Assets and Income</b>	
<b>Less: Total Debts and Deductions</b>	( )
<b>Total Personal Property Assets on Hand:</b> <i>(This should equal the total personal property assets on hand, below)</i>	

Description of Assets on Hand <b>Do not list financial account numbers here; list confidential information on Form 11.1</b>	Value
1. Bank Account (include verification form 15-UVF)	
2. Stocks (include verification form 15-UVS)	
3.	
4.	
5.	
6.	
7.	
Less: accrued attorney fees and accrued conservator fees	( )
<b>Total Personal Property Assets on Hand</b> <i>(This total must match total personal property assets on hand, above)</i>	

1. Tangible personal property \_\_\_\_\_ was / \_\_\_\_\_ was not, disposed of during the year.

2. Real estate \_\_\_\_\_ was / \_\_\_\_\_ was not, disposed of during the year.  
*(If real estate is sold during the year you must attach a closing statement to this account)*

3. The conservator represents that there is/are on file and in force the following bond(s) (list the name and address of each bonding company and the amount of each bond):

\_\_\_\_\_

\_\_\_\_\_

4. The current address and phone number of the person subject to conservatorship is: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5.  I have never been removed for cause from serving as a conservator or guardian.

**OR**

I have been removed for cause from serving as a conservator or guardian and the court location and court file number are: \_\_\_\_\_

\_\_\_\_\_

6. The following changes have occurred that affect the accuracy of information contained in the most recent criminal background study conducted under Minn. Stat. § 524.5-118: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(Describe changes or write N/A if no changes have occurred)*

7. Pursuant to Minn. Stat. § 524.5-102, subd. 13c, a “professional guardian” or “professional conservator” means a person acting as guardian or conservator for three or more individuals not related by blood, adoption, or marriage. *(check boxes below if applicable)*

I am a professional conservator according to the above definition.

My answer to the above question reflects a change in my professional status since my last report to the court for this case.

8.  I have received the following amount of reimbursement for services rendered to the person subject to conservatorship in the past year and this amount was not reimbursed by county contract:

\$ \_\_\_\_\_

9. I can be contacted at:

a. Telephone number: \_\_\_\_\_

b. Address: \_\_\_\_\_

\_\_\_\_\_

10. CHOOSE ONE OF THE FOLLOWING:

The conservator does not request a hearing to examine, settle, and allow this Account.

The conservator requests a hearing to examine and, settle, and allow this Account.  
*(Additional service requirements apply – page 4 must be completed)*

This is a Final Account and the conservator requests to be discharged from its duties and that the conservator's surety, if any, be discharged.  
*(Additional service requirements apply – page 4 must be completed)*

Note: A hearing is required:

\*If this is a final account

\*If it has been 4 years since the last account was heard and allowed, See Minn. Gen. R. Prac. 416 (note: hearings regarding accounts of \$20,000 or less may be waived by the court)

**The Annual Account must be completed by the conservator and filed with the court. If not filed within 60 days after the anniversary date of the appointment as conservator, the court shall issue an order to show cause.**

I have read this account, including the confidential portion therein, that this account is the true and full account of my administration of the estate and of all property belonging to the person subject to conservatorship which has come into my hands or to my knowledge, that I do not know of any error in the account, that I have read the petition and that it is true.

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116.

Dated: \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Signature of Conservator / Co-Conservator

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

County and state where signed: \_\_\_\_\_

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

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

E-mail address: \_\_\_\_\_

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116.

Dated: \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Signature of Co-Conservator

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

County and state where signed: \_\_\_\_\_

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

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

E-mail address: \_\_\_\_\_

Name of Conservator's Attorney:

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

License No.: \_\_\_\_\_

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

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

E-mail address: \_\_\_\_\_

**AFFIDAVIT OF SERVICE**

\_\_\_\_\_, states the following:

that a copy of the Account and Notice of Rights to Petition for Restoration to Capacity and Other Relief has been given to the person subject to conservatorship and to interested persons of record with the court.

**OR**

that a copy of the Notice of Rights to Petition for Restoration to Capacity and Other Relief has been given to the person subject to conservatorship and to interested persons of record with the court.

The person subject to conservatorship was served  by mail or  personally with the  Account  Annual Notice of Rights to Petition on \_\_\_\_\_ (date). The present address and telephone number of the person subject to conservatorship is \_\_\_\_\_

The following interested persons of record with the court were served at the location listed with a copy of the  Account  Annual Notice of Rights to Petition: *(attach additional sheets if necessary)*

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

Address \_\_\_\_\_

Served  by mail or  personally on \_\_\_\_\_ (date)

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

Address \_\_\_\_\_

Served  by mail or  personally on \_\_\_\_\_ (date)

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

Address \_\_\_\_\_

Served  by mail or  personally on \_\_\_\_\_ (date)

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Conservator

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

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

City/State/Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

County and state where signed:

\_\_\_\_\_

**FILE THE ORIGINAL ANNUAL / FINAL ACCOUNT AND THIS AFFIDAVIT OF SERVICE WITH THE COURT**