State of Minnesota	District Court Judicial District
County of	Probate / Mental Health Division
	Court File No
	Case Type: 14, Conservatorship
In Re: Conservatorship of	ANNUAL ACCOUNT or
	FINAL ACCOUNT
Protected Person	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 asset sold	
10. Other increases		9. Other decreases	
Total Assets and Income		Total Debts and Deductions	

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

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

- 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 protected person's current address and phone number is:

5. 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.
- 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.

Note: A hearing is required:

*If this is a final account

State

*If it has been five years since the last account was heard and allowed, See Gen.Rul.Prac.Dist.Ct., Rule 416 (but note that Ramsey County and Hennepin County require a hearing after the first annual account and every third year thereafter; also note accounts of \$20,000 or less may be waived by the court)

STATE OF MINNESOTA

COUNTY OF _____

I ______ being duly sworn/affirm, *under penalties of perjury*, say that 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 protected person 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; and notice to the protected person of the right to petition for restoration to capacity, discharge of conservator, or modification of the orders of conservatorship, has been given to the protected person, and that a copy of the account has been given to the protected person, by _____ MAIL or _____ IN PERSON by _____ (by whom served).

Dated:	, 20		
	,	Signature of Conservator	
		Name:	
		Address:	
		Telephone:	
Subscribed and this	Sworn to before me, 20		
Signature of No	otary		
Name of Petition Name:	oner's Attorney:		
License No.: Address:			
Telephone:			

State of Minnesota

County of _____

District Court Judicial District Probate / Mental Health Division Court File No.

Case Type: 14, Conservatorship

In Re: Conservatorship of

_____, Protected Person

CONSERVATORSHIP ACCOUNT FINANCIAL SOURCE DOCUMENT FORM 11.2

(Provided in Accordance With Rule 11 of the Minnesota General Rules of Practice)

THIS LISTING OF SEALED FINANCIAL SOURCE DOCUMENTS IS ACCESSIBLE TO THE PUBLIC BUT THE SOURCE DOCUMENTS SHALL NOT BE ACCESSIBLE TO THE PUBLIC EXCEPT AS AUTHORIZED BY COURT RULE OR ORDER

- Bank statements
 Periods covered:
- □ Credit card statement Periods covered:
- □ Verification of Funds on Deposit
- Verification of Stocks and Other Securities
- Other: ______

Information supplied by:

Dated:	
Name of Petitie	oner's Attorney:
Name:	
License No.:	
Address:	
City/State/Zip:	

State of Minnesota

County of _____

In Re: Conservatorship of

_____, Protected Person

The information on this form is confidential and shall not be placed in a publicly accessible portion of a file.

District Court Judicial District Probate / Mental Health Division Court File No.

Case Type: 14, Conservatorship

CONSERVATORSHIP ACCOUNT CONFIDENTIAL INFORMATION FORM 11.1

(Provided in Accordance With Rule 11 of the Minnesota General Rules of Practice)

SOCIAL SECURITY NUMBER BANK ACCOUNT NUMBERS OTHER FINANCIAL ACCOUNT NUMBERS

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
*	Add supplemental information if needed

NAME

Information supplied by:

Dated:

Name of Petitic	oner's Attorney:
Name:	
License No.:	
Address:	
City/State/Zip:	

engrotater Elp.	
Telephone:	

State of Minnesota			District Court Judicial District		
County of				Mental Health Division	
			Court	File No Case T	ype: 14, Conservatorship
In Re: Con	servatorship of		Verifi		unds on Deposit
Protected 3	Person	,			Document with Form 11.2)
Name of Pr	otected Person: _				
Name and A	Address of Finance	cial Institution:			
					s listed below were as of : (mo./day/yr.)
Account In	formation:				
Type of Account	Account Number	Depositor	Interest Earned	Current Rate	Current Balance

Type of Account	Account Number	Depositor Account	Interest Earned	Current Rate	Current Balance (including interest)
	i vuinoer	Title		of Interest	(including increst)

I certify that the foregoing amounts were on deposit
to the credit of the above named fiduciary as shown
by the records of this financial institution.

(SEAL OR	STAMP OF FINANCIAL INSTITUTION)

TITLE OF CERTIFYING OFFICIAL

State

SIGNATURE OF CERTIFYING DATE FINANCIAL INSTITUTION OFFICIAL

State of Minnesota	District Court
County of	Judicial District Probate / Mental Health Division Court File No
	Court File NoCase Type: 14, Conservatorship
In Re: Conservatorship of	Verification of Stocks and Other Securities
Protected Person	(File as a Financial Source Document with Form 11.2)
Name of Protected Person:	
Name and Address of Financial Institution	n:
	Accounts listed below were accurate as of : (mo./day/yr.)
Account Information:	
Number of Units/SharesName of Stock or	Account Title
Remarks:	
	(SEAL OR STAMP OF FINANCIAL INSTITUTION)

I certify that the foregoing amounts were on deposit to the credit of the above named fiduciary as shown by the records of this financial institution.

TITLE OF CERTIFYING OFFICIAL

State

SIGNATURE OF CERTIFYING DATE FINANCIAL INSTITUTION OFFICIAL

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