|  |  |
| --- | --- |
| District Court Denver Probate Court\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, ColoradoCourt Address:**In the Interest of:****Protected Person** | COURT USE ONLY |
| Attorney or Party Without Attorney (Name and Address): Phone Number: E-mail:FAX Number: Atty. Reg. #: | Case Number:Division Courtroom  |
| **CONSERVATOR’S FINANCIAL PLAN WITH INVENTORY****AND MOTION FOR APPROVAL** |

### INITIAL REPORT

### INVENTORY VALUES AS OF DATE OF APPOINTMENT

### AMENDED REPORT

### INVENTORY VALUES AS OF DATE \_\_\_\_\_\_\_\_\_\_\_\_\_ (MM/DD/YYYY)

### DATE OF APPOINTMENT \_\_\_\_\_\_\_\_\_\_\_\_\_ (MM/DD/YYYY)

**FILING DUE DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (MM/DD/YYYY)**

I, (conservator), move this court to approve this Initial Amended Conservator’s Financial Plan with Inventory.

**As grounds therefore, the conservator states the following:**

1. The information contained in the Financial Plan with Inventory is true and complete. The proposed plan is necessary to protect and manage the income and assets of the protected person.
2. The Financial Plan is based on the actual needs and best interest of the protected person.

I understand that I am required to maintain supporting documentation for all receipts and disbursements including detailed billing statements from any professional. The court or any interested person as identified in the Order Appointing Conservator may request copies at any time.

I understand that I must provide copies of this Financial Plan with Inventory to the protected person and any others as identified in the Order Appointing Conservator, within 10 days of filing with the court and will indicate having done so by completing the certificate of service at the end of this form. (§ 15-14-404(4), C.R.S.)

Unless the court receives a timely objection to this motion, this matter will be considered unopposed and reviewed by the court.

**Notice to interested persons.** Interested persons have the responsibility to protect their own rights and interests within the time and in the manner provided by the Probate Code, including the appropriateness of disbursements, the compensation of fiduciaries, attorneys, and others, and the distribution of estate assets. Interested persons may file an objection with the court. The court may not review or adjudicate these or other matters unless specifically requested to do so by an interested person.

PART A: CONTACT INFORMATION

**Protected Person’s Information:**  **Check if updated information from petition**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age : \_\_\_\_\_\_\_\_**

(Include Name of Living Center or Nursing Home, if applicable)

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

City: State: Zip Code:

Mailing Address, if different: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone: Alternate Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Conservator’s Information:** **Check if updated information from petition**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Have you had any criminal charges filed against you or convictions entered since the last report? ❑Yes ❑ No

If Yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your relationship to protected person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Co-Conservator’s Information:** (if applicable)  **Check if updated information from petition**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age: \_\_\_\_\_\_\_\_\_\_\_\_**

Have you had any criminal charges filed against you or convictions entered since the last Petition? ❑Yes ❑ No

If Yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your relationship to protected person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PART B: CONSERVATORSHIP ISSUES

1. Are the assets in the estate identified to date sufficient to provide for the present and future care of the Protected Person? **Yes** **No**  If **No**, describe why and what steps should be taken. If you would like the Court to take action, you *must* file a motion with the Court.

1. Should there be a change in scope of the Conservatorship? **❑Yes ❑No** If **Yes**, describe why and what steps should be taken. If you would like the Court to take action, you *must* file a motion with the Court.

1. Bond has been set in the amount of $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Surety has been posted.

Bond has been waived by the Court.

The setting of bond was deferred pending filing of this Conservator’s Financial Plan with Inventory and Motion for Approval.

 The Conservator requests the bond be set in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_.

 **OR**

 The Conservator requests the bond be waived for the following reasons:

**INSTRUCTIONS ON HOW TO COMPLETE THIS FORM**

The Financial Plan and Inventory must be filed with the Court pursuant to §§15-14-418 and 15-14-419, C.R.S.

**Steps 1** **and 2** are a projection of the Protected Person’s annual income and expenses. Enter both the anticipated monthly and annual amounts in the respective columns.

**Step 3** is an inventory of the Protected Person’s assets. Provide a detailed description of the asset as well as the current fair market value.

**Step 4** summarizes all costs and expenses incurred by the estate related to this proceeding.

**Step 5** summarizes all debts of the estate. Provide a detailed description as well as the remaining amount due.

**Step 6 and 7** are a summary. Transfer the respective income and expense totals from Steps 1 and 2 as well as the asset and liability totals in steps 3 through 5 to the appropriate lines in Step 7 to calculate the net income and net worth.

**PART C: FINANCIAL PLAN**

List all expected sources of receipts/income and disbursements/expenses in the charts below. If a specific category is not applicable, indicate “0” in the projected monthly and annual amounts columns. You will use these amounts when you file the initial Conservator’s Report.

**Step 1: Projected Receipts/Income**

Indicate the amount of cash receipts/income received on both a monthly and annual basis. If an income amount (such as wages) is to be received on a monthly basis, multiply the amount by 12 to determine the projected annual amount. If an income amount (such as dividends) is to be received on an annual basis, divide the amount by 12 to determine the projected monthly amount.

|  |  |  |
| --- | --- | --- |
| **Description of Receipt/Income Category** | **Projected Monthly Amount** | **Projected Annual Amount** |
| Asset Not Previously Reported |  |  |
| Business Income |  |  |
| Court Order Repayment |  |  |
| Disability/Unemployment/Worker’s Compensation |  |  |
| Distribution – Annuity |  |  |
| Distribution – Pensions/Retirement Plan |  |  |
| Distribution - Trust |  |  |
| Farm/Ranch Income |  |  |
| Gifts from Others |  |  |
| Inheritance |  |  |
| Insurance Settlement/Benefit |  |  |
| Interest/Dividends |  |  |
| Loan Repayment |  |  |
| Oil/Gas/Mineral Royalties |  |  |
| Other Public Assistance |  |  |
| Other Receipts/Income |  |  |
| Proceeds from Sale of Assets |  |  |
| Rental Income |  |  |
| Reverse Mortgage Payment |  |  |
| Social Security |  |  |
| Tax Refunds |  |  |
| VA Benefits |  |  |
| Wages |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total Receipts/Income****Enter the total projected monthly and annual amounts in Step 6.** |  |  |

**Step 2: Projected Disbursements/Expenses**

Indicate the cash disbursement/expense amount on both a monthly and annual basis. If an expense (such as utilities) is to be paid on a monthly basis, multiply the amount by 12 to determine the projected annual amount. If an expense (such as property taxes) is to be paid on an annual basis, divide the amount by 12 to determine the projected monthly amount.

|  |  |  |
| --- | --- | --- |
| **Description of Disbursement/Expense Category** | **Projected Monthly Amount**  | **Projected Annual Amount**  |
| Assisted Living/Care Facility |  |  |
| Bank/Investment Account Fees |  |  |
| Business Expenses (Not Farm or Ranch) |  |  |
| Caregiver/In-Home Provider |  |  |
| Charitable Contributions |  |  |
| Clothing |  |  |
| Collectibles |  |  |
| Debt Repayment (excluding CC) |  |  |
| Debt Repayment (Credit Card) |  |  |
| Distributions-Protected Person |  |  |
| Education/Tuition/Student Loan |  |  |
| Entertainment/Movies |  |  |
| Equipment |  |  |
| Farm/Ranch Expense |  |  |
| Fees–Accountant/CPA |  |  |
| Fees-Conservator–Non Prof  |  |  |
| Fees–Conservator–Professional |  |  |
| Fees–Court Visitor |  |  |
| Fees-Guardian–Non Prof  |  |  |
| Fees-Guardian–Professional |  |  |
| Fees-Guardian Ad Litem (GAL)  |  |  |
| Fees-Investment Acct Management |  |  |
| Fees-Legal for Conservator |  |  |
| Fees-Legal for Guardian |  |  |
| Fees–Legal for GAL |  |  |
| Fees–Legal for Protected Person |  |  |
| Fees–Other Professional |  |  |
| Funeral  |  |  |
| Gifts |  |  |
| Groceries/Hygiene/Household Supplies |  |  |
| HOA Fees |  |  |
| Hobbies |  |  |
| Home Furnishings |  |  |
| Insurance – Home/Renter |  |  |
| Insurance – Life |  |  |
| Insurance – Long Term Care |  |  |
| Insurance – Other |  |  |
| Jewelry |  |  |
| Livestock |  |  |
| Loan Interest |  |  |
| Loans |  |  |
| Medical-Doctor/Prof/Hospital |  |  |
| Medical- Furnishings/Supplies |  |  |
| Medical-Insurance |  |  |
| Medical-Medicab/Transportation |  |  |
| Medical-Medications |  |  |
| Medical-Other |  |  |
| Mortgage |  |  |
| Motor Vehicle - Insurance |  |  |
| Motor Vehicle – Loan Payments |  |  |
| Motor Vehicle – Registration/Other |  |  |
| Motor Vehicle – Repairs/Maint/Fuel |  |  |
| Moving Expenses |  |  |
| Other Disbursement/Expense |  |  |
| Other Transportation  |  |  |
| Pet Care |  |  |
| Property Repairs/Maintenance |  |  |
| Rent |  |  |
| Restaurants/Dining Out |  |  |
| School Supplies |  |  |
| Services - Cleaning |  |  |
| Services - Personal Care |  |  |
| Subscriptions/Dues |  |  |
| Taxes – FICA and Medicare |  |  |
| Taxes – Income |  |  |
| Taxes – Property and Assessments |  |  |
| Travel/Vacations |   |  |
| Utilities (Including Phone/Cell) |  |  |
| **Total Disbursements/Expenses** **Enter the total projected monthly and annual amounts in Step 6.** | $  | $ |

**INVENTORY**

**Step 3: Current Assets**

Report the fair market value of each category of asset in the chart below as of date of appointment. By indicating “None”, you are stating affirmatively that the Protected Person does not have assets in that category.

**Note:**  If additional space is needed, separate sheets may be used. If additional items are discovered after the initial inventory has been completed, a supplemental inventory listing those additional item(s) must be completed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Cash on Hand, Bank, Checking,Savings, Certificate of Deposits, and Health Accounts (Name of Bank or Financial Institution)** **None**  | **Payable on Death** | **Type of Account**  | **Account # (last 4-digits only)** | **Balance**  |
|  |  |  |  | $ |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total**  | $  |

|  |  |  |
| --- | --- | --- |
| **Stocks, Bonds, Mutual Funds, Securities, Annuities and Investment Accounts (Name of Joint Owner or Transfer on Death Beneficiary)****None**  | **Number of Shares or Identify Account Number****(last 4-digits only)** | **Current Value**  |
|  |  | $ |
|  |  |  |
|  |  |  |
| **Total**  | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Life Insurance (Name of Company/Beneficiary)****None**  | **Type of Policy** | **Face Amount of Policy** | **Cash Value**  |
|  |  |  | $ |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total**  | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Pension, Profit Sharing and Retirement Funds** **(Name of Beneficiary)** **None** | **Type of Plan (401(k), IRA, 457, PERA, Military, etc.)** | **Account #** **(last 4-digits only, if applicable)** | **Current Account Value (Note: Distributions should be listed in Step 1 above)** |
|  |  |  | $ |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total**  | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Motor Vehicles and Recreation Vehicles (Including Motorcycles, ATV’s, Boats, etc.) (Names of Joint Owners)****None**  | **Year**  | **Make and Model**  | **Estimated Value** **(Value = what you could sell it for in its current condition)** |
|  |  |  | $ |
|  |  |  |  |
|  |  |  |  |
| **Total** |  |  | $ |

|  |  |  |
| --- | --- | --- |
| **Real Estate (Indicate address)****(Name any Joint Owners)** **None** | **Type of Property (Home, Rental,****Land, etc.)** | **Estimated****Value****(Value = what you could sell it for****in its current condition)** |
|  |  | $ |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total**  | $ |

|  |  |
| --- | --- |
| **General Household and Other Personal Property**None | **Estimated****Value****(Value = what you could sell it for****in its current condition)** |
| General Household and Other Personal Property (Total value except for items listed below.) | $ |
| Separately list and value items of significant value below, for example: Jewelry, Antiques,Collectibles, Artwork, etc. |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total**  | $ |

|  |  |
| --- | --- |
| **Miscellaneous Assets (List each one separately and be specific.)** None | **Estimated****Value****(Value = what you could sell it for****in its current condition)** |
|  | $ |
|  |  |
|  |  |
|  |  |
| **Total** | $ |
| **Total Assets** **Enter this amount in Step 7.**  | $ |

**Step 4: Accrued Liabilities to Professionals**

The conservator requests that the accrued expenses of this proceeding as of date of appointment as detailed below be approved by the court as identified in Step 2.

|  |  |
| --- | --- |
| **Type of Professional and Name of Individual** | Amount Billed  |
| Account Management - Professional  | **$** |
| Accountant/CPA |  |
| Conservator-Non Professional |  |
| Conservator-Professional |  |
| Court Visitor |  |
| Guardian-Non Professional  |  |
| Guardian - Professional |  |
| Guardian Ad Litem (GAL) |  |
| Legal Fees - Conservator |  |
| Legal Fees - Guardian |  |
| Legal Fees - GAL |  |
| Legal Fees - Protected Person |  |
| Other Professional Fees |  |
| **Total Accrued Expenses****Enter totals below in Step 5 - Inventory of Liabilities/Debts.** | $ |

**Step 5: Other Current Liabilities/Debts**

Report the value of each liability/debt in the chart below as of date of appointment as identified in Step 2.

|  |  |  |  |
| --- | --- | --- | --- |
| **Description of Liability/Debt****None** | **Name of Creditor** | **Account Number****(last 4-digits only)** | **Balance** |
| Accrued expenses associated with this proceeding (Total Step 4 above) |  |  | $ |
| Mortgage (principal due only) |  |  |  |
| Motor Vehicle Loan |  |  |  |
| 2nd Mortgage/Home Improvement |  |  |  |
| Student Loan/Tuition |  |  |  |
| Credit Card  |  |  |  |
| Federal Taxes  |  |  |  |
| State / Local Taxes  |  |  |  |
| Other Loan/Liability/Debt (Please list) |  |  |  |
| HELOC |  |  |  |
| Reverse Mortgage |  |  |  |
| **Total Liabilities/Debt****Enter this amount in Step 7.** | $ |  |  |

 **Summary**

**Step 6: Summary of Financial Plan (Receipts/Income Minus Disbursements/Expenses)**

Summarize the Financial Plan below after completing the detailed accounting information in Step 1 and Step 2.

 **Projected Monthly Projected Annual**

 **Amount Amount**

**(A) Receipts/Income (Total from Step 1)** $ \_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_

**(B) Disbursements/Expenses** **(Total from Step 2)**  $ \_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_

**Net Income: (A) minus (B)** $ \_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_

**Step 7: Summary of Inventory**

Summarize the Inventory below after completing the detailed accounting information in Step 3 and Step 5.

**(A) Total Assets (Total from Step 3)** $ \_\_\_\_\_\_\_\_\_\_\_\_\_

**(B) Total Liabilities/Debt (Total from Step 5)** $ \_\_\_\_\_\_\_\_\_\_\_\_\_

**Net Worth: (A) minus (B)** $ \_\_\_\_\_\_\_\_\_\_\_\_\_

 By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

 By checking this box, I am acknowledging that I have made a change to the original content of this form.

**IMPORTANT**

**This document must be signed and dated by all conservators and served on the protected person and all interested parties, as indicated by the attached certificate of service.**

**A conservator is required to file an amended “Financial Plan” whenever there is a change in circumstances that requires a substantial deviation from the existing plan. In addition, if the conservator finds other property not included in the original “Inventory”, or if the value of the listed property is inaccurate or misleading, the conservator must prepare and file an amended “Inventory” with the court. Copies of these amendments must be provided to all interested parties. § 15-14-418(5) C.R.S. § 15-14-419(2) C.R.S.**

**VERIFICATION**

I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.

Executed on the \_\_\_\_\_\_ day of Executed on the \_\_\_\_\_\_ day of

 (date) (date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_,

 (month) (year) (month) (year)

at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(city or other location, and state OR country) (city or other location, and state OR country)

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

(printed name) (printed name)

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

(Signature of Conservator/Successor) (Signature of Co-Conservator/Successor, if any)

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

Attorney Signature, (if any) Date

**THIS SECTION MUST BE COMPLETED CORRECTLY AND SIGNED**

 **OR THE DOCUMENT MAY BE REJECTED.**

**Colorado Law REQUIRES that the Conservator’s Financial Plan with Inventory and Motion for Approval be served on the PROTECTED PERSON AND INTERESTED PERSONS pursuant to the Order Appointing Conservator, including minors 12 years of age or older (§ 15-14-404(4), C.R.S.). In the space below under the Certificate of Service, list the names, addresses, and method of delivery for each party listed on the Order Appointing Conservator and provide each party with a copy of this document.**

**CERTIFICATE OF SERVICE**

I certify that on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date), a copy of this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of document) was served as follows on each of the following:

|  |  |  |
| --- | --- | --- |
| **Name and Address** | **Relationship to Decedent, Ward, or Protected Person** | **Manner of Service\*** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

\*Insert one of the following: hand delivery, first-class mail, certified mail, e-service, or fax.

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

 Signature