|  |  |
| --- | --- |
| District Court Denver Probate Court  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, Colorado  Court 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 REPORT ❑ ADULT ❑ MINOR** | |

### ANNUAL REPORT AMENDED REPORT

### CURRENT REPORTING PERIOD FROM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(MM/DD/YYYY) (MM/DD/YYYY)**

**INTERIM REPORT DUE ON \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****FINAL REPORT**

**If Final Report, indicate why:** **Protected Person deceased** **Minor turned 21** **Judicial Order**

**PART A: CONTACT INFORMATION**

**Protected Person’s Information:  Check if Updated Information from last Report**

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

Street Address:

(Include Name of Living Center or Nursing Home)

City: State: Zip Code:

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

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

**Conservator’s Information:** **Check if Updated Information from last Report**

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

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**Co-Conservator’s Information:** (if applicable) **Check if Updated Information from last Report**

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

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**\*\*\* 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 will not review or adjudicate these or other matters unless specifically requested to do so by an interested person.

**PART B: CONSERVATORSHIP ISSUES**

1. Is there a continued need for the conservatorship? **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. Are the remaining assets in the estate 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. **Attach a copy of the bond to this report, unless the bond was waived or not required by the court.** What is the amount of the bond? $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Is the amount of the bond sufficient to cover all unrestricted assets? **Yes** **No** If **No**, describe why and what steps should be taken. If you are requesting a change to the bond, you *must* file a motion with the court.

**INSTRUCTIONS ON HOW TO COMPLETE THIS FORM**

The Conservator’s Report must be filed annually pursuant to §15-14-420, C.R.S. Part C of this report concerns the information necessary to satisfy the court that the conservator has maintained a complete accounting of all financial transactions and managed the protected person’s estate responsibly.

**Step 1** is a financial transaction detail and should be completed for each bank or investment account. A spreadsheet or report from personal accounting software may also be submitted in lieu of completing the transaction detail.

**Steps 2 and 3** summarize the income and expense for the reporting period and compare those amounts to the previous period or the Financial Plan. Explain the cause for any changes between the current period amounts and amounts from the prior period or the Financial Plan.

**Step 4** reports additional detail for fees paid to professionals including the hourly rate, number of hour worked, and description of services provided.

**Steps 5 and 6** summarize assets and liabilities as of the reporting date and compare those amounts to the previous period or the Inventory. In addition to explaining the cause for any changes between the current period amounts and amounts from the prior period or the Inventory, provide specific detail regarding any asset purchases or sales.

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

**Part C: FINANCIAL INFORMATION**

**Step 1: Detail Listing of Receipts/Income and Disbursements/Expenses**

**Complete this Detail for all bank accounts**. Make additional copies of this form as necessary. Alternatively, Check Register form JDF 871, a spreadsheet, or a report from personal accounting software may be attached. Please list all transactions, including Income (deposits) and Expenses (withdrawals), for the entire reporting period. Each Receipt/Income item should be listed in the Amount Received column and each Disbursement/Expense item should be listed in the Amount Disbursed column. **\*\* Note:** This report should resemble a check register for each bank account.

**Name of Bank:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Account Number** (last 4-digits only): \_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Check**  **or**  **I.D. No.** | **Description of item Received or Disbursed, include Name of Payee (if Disbursement)** | **Amount Received** | **Amount Disbursed** |
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| Page \_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_  May continue entries on Check Register Form JDF 871 | | | $ | $ |

 Check here if additional detailed spreadsheets are attached to this report.

**Individual Bank Account Summary**

**Beginning Cash Balance** $ \_\_\_\_\_\_\_\_\_\_\_\_\_ (Balance from prior year Report or Inventory)

**Add: Total Amount of Income +** $ \_\_\_\_\_\_\_\_\_\_\_\_\_ (Total Income received from detail above)

**Add: Total Amount Received as Transfer +** $ \_\_\_\_\_\_\_\_\_\_\_\_\_ (Total transferred from other bank accounts)

**Less: Total Amount Disbursed -** $ \_\_\_\_\_\_\_\_\_\_\_\_\_ (Total disbursements from detail above)

**Less: Total Amount Transferred out -** $ \_\_\_\_\_\_\_\_\_\_\_\_\_ (Total transfers moved to other accounts)

**Ending Cash Balance =** $ \_\_\_\_\_\_\_\_\_\_\_\_\_ (Transfer this account balance to Step 5.)

(This will be the beginning balance on next year’s report)

**Step 2: Receipts and Income**

**Column A:** Is this the first annual Conservator’s Report filed? Yes No

If **Yes**, use the amounts from the Inventory with Financial Plan (JDF 882) to complete Column A that is marked with an asterisk (\*) below. If **No**, use the amounts from the prior Conservator’s Report filed to complete Column A that is marked with an asterisk (\*) below.

**Column B:** Transfer all individual income category totals from completed Detail Listing in Step 1 or attached spread sheet.

**Column C:** Calculate and record the difference between Column A and Column B.

|  |  |  |  |
| --- | --- | --- | --- |
| **Description of Receipt/Income Category**  List Total Receipts/Income from  Detail Listing (From Step 1 or Separate Spreadsheet) | **Column A**  \*Total Amount of Receipts / Income from  ❑***Prior*** Reporting  Period or  ❑Financial Plan | **Column B**  Total Amount of Receipts / Income for ***Current***Reporting Period | **Column C**  ***Change*** in Amount of Receipt/  Income  *Indicate*  *+/-* |
| Asset Not Previously Reported |  |  |  |
| Business Income |  |  |  |
| Court Order Repayment |  |  |  |
| Disability/Unemployment/Worker’s Comp |  |  |  |
| 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 |  |  |  |
| **TOTALS (Move to Step 7)** |  |  |  |

**Have Total Receipts/Income in Column B changed from the Prior Reporting Period or Financial Plan totals**

**in Column A ?** **Yes** **No**

If **Yes,** explain the changes below. Please include a description of any changes or unanticipated transactions. If income and expenses are anticipated to differ going forward, it may be necessary to file an Amended Inventory with Financial Plan and Motion for Approval (JDF 882) or a separate petition for approval with the court.

**Step 3: Disbursements/Expenses**

**Column A:** Use the amounts from the Inventory with Financial Plan (JDF 882) or from the prior Conservator’s Report filed to complete Column A that is marked with an asterisk (\*) below.

**Column B:** Transfer all individual expense category “totals” from completed Detail Listing in Step 1 or attached spread sheet.

**Column C:** Calculate and record the difference between Column A and Column B.

|  |  |  |  |
| --- | --- | --- | --- |
| **Description of Disbursement / Expense Category**  List Total Disbursements/Expenses from Detail Listing (From Step 1 or Separate Spreadsheet) | **Column A**  \*Total Amount of Disbursement / Expense from  ❑***Prior*** Reporting Period or ❑Financial Plan | **Column B**  Total Amount of Disbursement / Expense for ***Current***Reporting Period | **Column C**  ***Change*** in amount of Disbursement/ Expense  *Indicate*  *+/-* |
| 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-Prof |  |  |  |
| Fees – Court Visitor |  |  |  |
| Fees – Guardian – Non-Prof |  |  |  |
| Fees – Guardian - Prof |  |  |  |
| 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) |  |  |  |
| **TOTALS (Move these totals to Step 7)** |  |  |  |

**Step 4: Conservator, Guardian, and Professional Fees Detail**

**List all conservators, guardians, and professionals paid.** Include the hourly rate, number of hours worked, fees and costs, as well a description of the services provided and the benefit to the estate.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Conservator, Guardian, and Professional** | **Hourly Rate** (Range) | **No. of Hours Worked** | **Total Hourly Fees** | **Other Costs Charged** | **Brief Description of Services Provided and Benefit to the Estate** |
| 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 (*Fees and Costs*) (Move these totals to Step 3)** | | |  |  |  |

**Have Total Disbursements/Expenses in Step 3, Column B ❑ Increased or ❑ Decreased from the Prior Reporting Period or Financial Plan in Step 3, Column A?**

Explain the changes below. Please include a description of any changes or unanticipated transactions. A separate petition for approval may need to be filed with the court for significant changes outside the amounts allowed in the Inventory and Financial Plan.

**Step 5: Assets**

**Column A:** List the last 4 digits of all bank, investment or other financial accounts.

**Column B:** List name of the bank or financial institution in which accounts are being held, or describe specific asset.

**Column C:** Use amounts from the original Inventory with Financial Plan (JDF 882) **or** from the prior Conservator’s Report filed, to complete Column C marked with an asterisk (\*) below.

**Column D:** List all cash and investment account balances. These should coincide and be transferred from the Ending Cash Balances on the Detail Listing in Step 1.

**Column E:** Calculate and record the difference between Column C and Column D.

Vehicles, real estate, and all other assets should be valued at what the asset could be sold for in its current condition (i.e. Fair Market Value).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description of Asset**  (Identify all accounts) | **Column A**  Account Number  (last 4 digits) | **Column B**  Name of Financial Institution or  Description of Asset | **Column C**  \* Fair Market Value  ❑as of Last Day of ***Prior*** Reporting Period or ❑Inventory | **Column D**  Fair Market Value  (as of Last Day of ***Current***Reporting Period) | **Column E**  ***Change*** in Value of Asset  *Indicate*  *+/-* |
| Checking Accounts  Balance from Step 1 |  |  |  |  |  |
| Savings Accounts  Balance from Step 1 |  |  |  |  |  |
| Certificate of Deposit |  |  |  |  |  |
| Money Market |  |  |  |  |  |
| Pre-Paid Debit Card |  |  |  |  |  |
| Cash On Hand |  |  |  |  |  |
| Stocks |  |  |  |  |  |
| Bonds |  |  |  |  |  |
| Mutual Fund |  |  |  |  |  |
| Other Financial Investments |  |  |  |  |  |
| Life Insurance  (Cash Value) |  |  |  |  |  |
| Pension/Retirement (Vested) |  |  |  |  |  |
| IRA / 401(k) |  |  |  |  |  |
| Annuities |  |  |  |  |  |
| Loans from Estate |  |  |  |  |  |
| Motor Vehicle |  |  |  |  |  |
| Real Estate |  |  |  |  |  |
| Home Furnishings |  |  |  |  |  |
| Collectibles (e.g., stamps or coins) |  |  |  |  |  |
| Jewelry |  |  |  |  |  |
| Livestock |  |  |  |  |  |
| Equipment |  |  |  |  |  |
| Oil/Gas/Mineral Interest |  |  |  |  |  |
| Other Personal Property |  |  |  |  |  |
| List Other Assets |  |  |  |  |  |
|  |  |  |  |  |  |
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| **TOTALS (Move these totals to Step 7)** |  |  |  |  |  |

**Have Total Assets in Step 5, Column D changed from the last day of the Prior Reporting Period or Inventory in Step 5, Column C?** **Yes** **No**

Provide additional detail for any assets on the preceding schedule that were purchased during the reporting period. Include a description of the asset purchased, the purchase price, purchase date, and source of funding for the purchase (e.g. cash, loan, sale of another other asset, etc.).

|  |  |  |  |
| --- | --- | --- | --- |
| **Description of Asset** | **Purchase Price** | **Purchase Date** | **Purchase method** |
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Provide detail for any assets on the preceding schedule that were sold during the reporting period. Include a description of the asset sold, the sale price, sale date, and use of funds proceeds from the sale (e.g. living expenses, extinguish debt, purchase of another asset, etc.).

|  |  |  |  |
| --- | --- | --- | --- |
| **Description of Asset** | **Sale Price** | **Sale Date** | **Use of Proceeds** |
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Please include a description of any other changes to the value of estate assets.

**Step 6: Liabilities/Debts**

**Column A:** List the last 4 digits of all account or loan numbers.

**Column B:** List the name of the bank or financial institution to which loans or debts are being paid.

**Column C:** Use amounts from the original Inventory with Financial Plan (JDF 882) **or** from the prior Conservator’s Report filed, to complete Column C marked with an asterisk (\*) below.

**Column D:** List all *current* balances due on loans and debts.

**Column E:** Calculate and record the difference between Column C and Column D.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description of Liability/Debt**  (Identify all accounts) | **Column A**  Account Number  (last 4-digits only) | **Column B**  Name of Financial Institution | **Column C**  \*Balance Due on Last day of  ❑***Prior***Reporting Period or ❑Inventory | **Column D**  Balance Due on Last Day of  ***Current***Reporting Period | **Column E**  ***Change*** in Amount of Liability  *Indicate*  *+/-* |
| Mortgage  (principal due only) |  |  |  |  |  |
| Motor Vehicle Loan |  |  |  |  |  |
| 2nd Mortgage/Home Improvement |  |  |  |  |  |
| Student Loan/Tuition |  |  |  |  |  |
| Reverse Mortgage |  |  |  |  |  |
| HELOC |  |  |  |  |  |
| Credit Card |  |  |  |  |  |
| Federal Taxes |  |  |  |  |  |
| State / Local Taxes |  |  |  |  |  |
| Other Loan/Liability/Debt |  |  |  |  |  |
| **TOTALS (Move these totals to Step 7)** |  |  |  |  |  |

**Have Total Liabilities/Debts changed from the last day of the Prior Reporting Period or Inventory?**

**Yes** **No** If **Yes,** explain the changes below. Please include a description of any changes or unanticipated transactions. A separate petition for approval may need to be filed with the court for significant changes outside the amounts allowed in the Inventory and Financial Plan.

**Step 7: Summary**

**Summary of Financial Activity**

**\**Prior* Reporting Period *Current* (or Financial Plan) Reporting Period**

**(A) Total Receipts/Income from Step 2**  $ \_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_

**(B) Total Disbursements/Expenses from Step 3**  $ \_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Summary of Net Worth**

**Fair Market Value of Assets Minus Liabilities/Debts**

**\*Last Day of Last Day of**

***Prior* Reporting Period *Current* Reporting Period**

**(or Inventory)**

**(A) Total Assets from Step 5** $ \_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_

**(B) Total Liabilities/Debts from Step 6** $ \_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_

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

 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.

**\*\*\*\*\*\*\*\***

**REPORT 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**

**\*\*\*\*\*\*\*\***

**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

**IMPORTANT**

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

**OR THE REPORT MAY BE REJECTED.**

Colorado Law **REQUIRES** that the Conservator’s Report be served on the **PROTECTED PERSON AND INTERESTED PERSONS** pursuant to 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 Report.

**NOTE: If you wish to change the persons entitled to receive copies of reports or other documents filed, you must file a separate motion with the court.**

**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