

Rule 7.12—Form 8: Conservator’s Final Report

Instructions:

- Conservators must complete, sign, and file this form:
 - Within thirty (30) days following removal of Conservator.
 - Upon Conservator’s filing of a resignation and before the court accepts the resignation.
 - Within sixty (60) days following the termination of conservatorship.
- Once filed, Conservator must serve a copy of this Final Report on Protected Person, Protected Person’s attorney and court advisor, if any, and others as the court directs.
- Do not include protected information on this form. For protected information, complete Rule 7.12—Form 1: Protected Information Disclosure.
- The purpose of this Final Report is to provide the court with the current financial situation of the conservatorship and an accounting of important transactions that occurred during the reporting period.
- Provide as much detailed information as possible. Do not include responses such as “same as last report” or “no change since last report.”

In the Iowa District Court for _____ County

In the Matter of the Conservatorship of:

Probate no. _____

Conservator’s Final Report

Full name: first, middle, last

If the protected person is a minor, use initials only.

Protected Person.

Iowa Code § 633.670(3)

Conservator states as follows:

1. Reporting period

This report is for the period from: _____ / _____ / _____ to _____ / _____ / _____.
Month Day Year Month Day Year

2. Conservator’s information

A. Conservator’s name:

Name of Conservator or financial institution

B. Conservator is Protected Person’s:

Check one

Spouse

Adult child

Parent

Adult sibling

Financial institution

Other: _____

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If you need assistance to participate in court due to a disability, call the disability coordinator (information at www.iowacourts.gov/Administration/Directories/ADA_Access/). Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). **Disability coordinators cannot provide legal advice.**

3. Type of report

Check one

- Report filed within thirty (30) days following removal of Conservator.
- Report filed with Conservator’s filing of a resignation and before the court’s acceptance of the resignation.
- Report filed within sixty (60) days following termination of the conservatorship.
- Other. *Explain*

Check this box if you have attached a sheet with additional information.

4. Status of the conservatorship

Identify status of the conservatorship at close of this reporting period. *Check one*

- The conservatorship has been or should be terminated because Protected Person was a minor who is no longer a minor and no longer benefits from a conservatorship.
- The conservatorship has been or should be terminated because Protected Person is deceased.
- The conservatorship will continue but a different conservator has been or will be appointed.
- Other. *Explain*

Check this box if you have attached a sheet with additional information.

Continued on next page

5. Protected Person’s information

If Protected Person is deceased, fill out only sections F and G.

A. Protected Person’s age: _____.

B. Reason for conservatorship:

Check this box if you have attached a sheet with additional information.

C. Protected Person’s residence:

Mailing address

City

State

ZIP code

D. Guardianship: *Check one*

Protected Person does not have a guardian or guardianship.

Protected Person has a natural guardian (legal parent):

Full name of natural guardian: first, middle, last

Mailing address

City

State

ZIP code

(_____) _____
Phone number

Email address

Additional email address, if applicable

Protected Person has a court-appointed guardian:

Full name of court-appointed guardian: first, middle, last

Mailing address

City

State

ZIP code

(_____) _____
Phone number

Email address

Additional email address, if applicable

E. Does Protected Person have a valid Durable Financial Power of Attorney?

Yes *File a copy of the power of attorney as an attachment to this form.*

No

F. Does Protected Person have a Last Will and Testament?

Yes No

If you checked Yes, complete the next section.

Has the original Last Will and Testament been filed with the clerk of court?

Yes, in _____ County, _____.
Name of county Name of state

No, the following person has a copy of the Last Will and Testament:

Full name: first, middle, last / business name

Mailing address

City

State

ZIP code

(_____) _____
Phone number

Email address

Additional email address, if applicable

G. Does Protected Person have a prepaid funeral plan or trust?

Yes *File a copy of the contract plan or trust as an attachment to this form.*

No

H. Protected Person’s health during reporting period

(1) Summarize Protected Person’s physical health during the reporting period, identifying any physical concerns that occurred and if the concern is resolved or ongoing:

Check this box if you have attached a sheet with additional information.

Continued on next page

(2) Summarize Protected Person’s mental health during the reporting period, identifying any mental, cognitive, behavioral, or emotional concerns that occurred and if the concern is resolved or ongoing:

Check this box if you have attached a sheet with additional information.

(3) Summarize any other health care concerns related to Protected Person that occurred during the reporting period and if the concern is resolved or ongoing:

Check this box if you have attached a sheet with additional information.

6. Conservatorship assets

A. Total value of conservatorship assets at close of **prior** reporting period: \$ _____

B. Did the conservatorship receive any new assets during the reporting period?

Yes No

If Yes, identify each new asset and its estimated value.

Asset (1) Asset: _____ <i>Description of asset</i> Estimated value: \$ _____
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Asset (2) Asset: _____ <i>Description of asset</i> Estimated value: \$ _____
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<p>Asset (3)</p> <p>Asset: _____ <i>Description of asset</i></p> <p>Estimated value: \$ _____</p>

Check this box if you have attached a sheet with additional assets.

C. Total value of conservatorship assets at close of **this** reporting period: \$ _____

Complete and file with this form Rule 7.12—Form 6: Inventory of Assets of Protected Person detailing Protected Person’s assets at the close of this reporting period.

7. Conservatorship income and expenditures

Note: Bank statements, checks, receipts, stubs, and other items evidencing receipt of funds and payment must be available to the court on demand.

A. Total funds on hand at close of **prior** reporting period: \$ _____

B. Income received during reporting period:

**How often was income received?*

W = Weekly B = Bi-weekly (every other week) M = Monthly T = Two times a month

Income sources for Protected Person	Income	
	How often received?*	Amount
(1) Wages from employer <i>Employer name:</i> <i>Job title:</i>		\$
(2) Wages from employer <i>Employer name:</i> <i>Job title:</i>		\$
(3) Unemployment assistance		\$
(4) Family Investment Program		\$
(5) Social Security		\$
(6) Other <i>Identify:</i>		\$
(7) Other <i>Identify:</i>		\$

Continued on next page

(8) Other <i>Identify:</i>		\$
(9) Totals from attached sheets, if any <input type="checkbox"/> <i>Check this box if you have attached a sheet with additional information on Protected Person’s income sources.</i>		\$
Total <i>Income received for Protected Person during reporting period</i>		\$

C. Debts and liabilities paid during reporting period:

*How often were debts and liabilities paid?

W = Weekly B = Bi-weekly (every other week) M = Monthly T = Two times a month

Debts and liabilities of Protected Person	Debts and liabilities	
	How often paid?*	Amount
	<i>W,B,M,T</i>	
(1) Mortgage		\$
(2) Car loan payments		\$
(3) Credit card debt		\$
(4) Other <i>Identify:</i>		\$
(5) Other <i>Identify:</i>		\$
(6) Other <i>Identify:</i>		\$
(7) Totals from attached sheets, if any <input type="checkbox"/> <i>Check this box if you have attached a sheet with additional information on Protected Person’s debts and liabilities.</i>		\$
Total <i>Debts and liabilities paid for Protected Person during reporting period</i>		\$

D. Expenditures during reporting period:

Type of expense	Amount <i>Check one</i> <input type="checkbox"/> monthly <input type="checkbox"/> annual
(1) House payment or rent	\$
(2) Food <i>At home and restaurants</i>	\$
(3) Transportation (<i>gas, bus fare</i>) <i>Not car loan payments – see (14).</i>	\$

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(4) Clothing	\$
(5) Medical, dental <i>Not health insurance payments – see (10).</i>	\$
(6) Utilities (<i>gas, electric, water</i>)	\$
(7) Phone	\$
(8) Cable / satellite television / internet	\$
(9) Car insurance payment	\$
(10) Health insurance payment	\$
(11) Transportation	\$
(12) Educational or vocational training expenses	\$
(13) Credit card payments	\$
(14) Car loan payments	\$
(15) Other loan payments	\$
(16) Other expense <i>Identify:</i>	\$
(17) Other expense <i>Identify:</i>	\$
(18) Other expense <i>Identify:</i>	\$
(19) Other expense <i>Identify:</i>	\$
(20) Totals from attached sheets, if any <input type="checkbox"/> <i>Check this box if you have attached a sheet with additional information regarding expenses.</i>	\$
Total <i>Total expenditures during reporting period</i>	\$

E. Total funds on hand at the close of **this** reporting period: \$ _____

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8. Conservatorship services and fees

Did Conservator charge fees for services provided to Protected Person during the reporting period?

Yes No

If you checked Yes, complete the next section, otherwise skip to 9.

List each service for which Conservator charged fees as well as the total amount charged for the service during the reporting period.

Conservatorship service	Amount charged during reporting
(1)	\$
(2)	\$
(3)	\$
(4)	\$
(5) Totals from attached sheets, if any <input type="checkbox"/> Check this box if you have attached a sheet with additional information regarding conservatorship services.	\$
Total amount of fees Conservator charged for services during reporting period:	\$

9. Changes in investments

Were changes made in investments during this reporting period?

Yes No

If Yes, identify each investment and the changes made during the reporting period:

Check this box if you have attached a sheet with additional information.

Continued on next page

10. Proposed plan for conservatorship’s assets upon termination of conservatorship

Complete this section if the conservatorship has been or should be terminated.

How will the conservatorship’s assets be distributed upon termination of conservatorship?

- Conservatorship assets will be transferred to Protected Person.
- Conservatorship assets will be transferred into an estate.
- Conservatorship assets will be transferred as follows:

<p>Asset (1)</p> <p>Asset: _____ <i>Description of asset</i></p> <p>Estimated value: \$ _____</p> <p>Person or entity the asset will be transferred to: _____</p> <p><i>Full name of person or name or entity</i></p> <p>Relationship to Protected Person (if a person): _____ <i>Describe relationship</i></p>
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<p>Asset (2)</p> <p>Asset: _____ <i>Description of asset</i></p> <p>Estimated value: \$ _____</p> <p>Person or entity the asset will be transferred to: _____</p> <p><i>Full name of person or name or entity</i></p> <p>Relationship to Protected Person (if a person): _____ <i>Describe relationship</i></p>
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Check this box if you have attached a sheet with additional assets.

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11. Conservator’s bond See Iowa Code sections 633.169–.187.

Is there a bond for Conservator?

Yes

If Yes, complete the next (1) and (2).

(1) Amount of Conservator’s bond: \$_____.

(2) Surety’s information:

Surety’s name

Mailing address

City

State

ZIP code

(_____) _____
Phone number

Email address

Additional email address, if applicable

No

If No, explain why:

Check this box if you have attached a sheet with additional information.

12. Additional information

Additional information that may be useful for the court to determine what is in Protected Person’s best interest:

Check this box if you have attached a sheet with additional information.

Continued on next page

13. Request for approval of proposed budget and general conservatorship powers

Conservator requests that the court: *Check only those that apply*

- Approve Conservator’s final accounting as detailed in this Final Report and the accompanying Inventory.
- Discharge Conservator from the conservatorship.
- Terminate the conservatorship.
- Cancel Conservator’s bond and exonerate the surety on Conservator’s bond.
- Approve Conservator’s proposed plan regarding the conservatorship’s assets.

Note: If additional conservatorship powers are necessary, complete and file Rule 7.12—Form 3: Conservator’s Request for Approval for Other Action on Behalf of Protected Person.

14. Fees for Conservator

Check one

- Fees are applied for. *Attach affidavit relative to compensation (Iowa Code section 633.202).*
- Fees are waived.

15. Fees for Conservator’s attorney

Check one

- Fees should be set by the court. *Attach affidavit relative to compensation (Iowa Code section 633.202).*
- Fees are not requested.
- Fees are waived or not applicable.

16. Attorney Help *Check one*

- A. An attorney did not help me prepare or fill in this paper.
- B. An attorney helped me prepare or fill in this paper.

If you check B, you must fill in the following information:

Name of attorney or organization, if any

Business address of attorney or organization

City

State

ZIP code

(_____)_____
Phone number

Fax number

Email address

Additional email address, if applicable

Continued on next page

17. Oath and signature

I, _____, have read this Final Report, and I certify under
Print Conservator's name
penalty of perjury and pursuant to the laws of the State of Iowa that the information I
have provided in this Final Report is believed to be complete and accurate as far as
information permits.

_____, 20_____
*Month Day Year Signature**

Name of financial institution, if applicable Conservator's title, if applicable

Mailing address

City State ZIP code

(_____) _____
Phone number

Email address Additional email address, if applicable