	In the Iowa District Court fo	or C	County	
In t	he Matter of the Conservatorship of:	Probate no		
If the	name: first, middle, last protected person is a minor, use initials only	Report of C	eport of Conservator	
Pro	tected Person.		Iowa Code § 633.670(3)	
1.	This report is for the period from: Use end	ing date of last accounting		
		<u>/</u> <u>Year</u>		
2.	This report is check one			
	A. an annual report.			
	B. \square a report filed within thirty days fo	llowing the removal of	the Conservator.	
	C. a report filed with the Conservator resignation is accepted by the conservation is accepted by the conservation.	9	on and before the	
	D. a report filed within sixty days fol conservatorship.	lowing the termination	of the	
	E. a report filed pursuant to court or	der.		
3.	Total funds on hand at close of the last	accounting:	\$	
4.	Total funds received during this report p Include as attachment "A" an itemization showing d		\$and amount.	
5.	Total disbursements made during this re Include as attachment "B" an itemization showing d		\$ nt paid for item or service.	
6.	Total funds on hand at the close of this	report period:	\$	
7 .	Other assets of Protected Person at the Include as attachment "C" a listing of assets held an			
8.	The total value of assets of Protected Pethis report period:	erson at the close of	\$	
9.	Were changes made in investment during If yes, include as attachment "D" an itemized list of		☐ Yes ☐ No	
10.	Amount of Conservator's bond: \$	Surety is:		
		Comp	pany providing bond	

Continued on next page

••	Protec	ted Person resides at:						
	Street ad	ldress	City	State	ZIP code			
	and is physically located at:							
	Street ad	ldress	City	State	ZIP code			
	and che	eck one						
	Α. 🗌	does not have a guard	ian.					
	B. has a natural guardian (legal parent). If you check B, you must fill in the following information.							
	The name and residency of the natural guardian:							
		Full name: first, middle, last						
		Street address	City	State ZI	P code			
	C. has a court-appointed guardian. <i>If you check</i> C, <i>you must fill in the following information.</i>							
	The name and residency of the court-appointed guardian:							
		Full name: first, middle, last						
		Full name: first, middle, last Street address	City	State ZI	P code			
2.	Genera period:	Street address al physical and mental o	City condition of Protected Persor					
2.		Street address al physical and mental o						
2.		Street address al physical and mental o						
2.		Street address al physical and mental o						
2.	period:	Street address al physical and mental o						
	period:	Street address al physical and mental of: : ck this box if you have attached	condition of Protected Person					
	period:	Street address al physical and mental of: : ck this box if you have attached	condition of Protected Person a sheet with additional information.					
	period:	Street address al physical and mental of: : ck this box if you have attached	condition of Protected Person a sheet with additional information.					
	period:	Street address al physical and mental of: : ck this box if you have attached	condition of Protected Person a sheet with additional information.					
	period:	Street address al physical and mental of: : ck this box if you have attached	condition of Protected Person a sheet with additional information.					

Continued on next page

	Check this box	if you hav	e attached a	sheet with ad	lditional in	formation.		
Fees for Conservator are check one								
	applied for.							
_	waived. ach affidavit rel	ative to co	mpensation.	(Iowa Code	section 63	3.202.)		
Fee	Fees for Conservator's attorney check one							
	should be set by the court.							
	are not requested.							
☐ Atta	are waived or not applicable. Attach affidavit relative to compensation. (Iowa Code section 633.202.)							
Oa	Oath and signature							
Ι, _	I,, have read this conservator's report, and I certify							
und info	Print Conservator's name under penalty of perjury and pursuant to the laws of the State of lowa that the information I have provided in this report is true and correct.							
Mon	nth	Day	Year	Conservator'	s signature	*		
	iling address				City		State	ZIP code
	0							
Maii)							