Form 8.	Submission of and Petition for Approval of Final Conservator's Account	
Name of Po	erson Filing Document:	
Address:		
City, State,	, Zip Code:	
Telephone	Number:	
Licensed F	iduciary Number (if applicable):	For Clerk's Use Only

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA IN AND FOR THE COUNTY OF YAVAPAI

)	Case No. <u>1300</u>
IN THE MATTER OF THE)	
CONSERVATORSHIP FOR)	SUBMISSION OF AND
)	PETITION FOR APPROVAL OF
)	FINAL CONSERVATOR'S
)	ACCOUNT
)	[] Fee Statement
[] a Minor)	
[] an Adult)	(Assigned to the Honorable
))
)	

THE PETITIONER STATES UNDER OATH AS FOLLOWS:

INSTRUCTIONS: For approval of account, put a check mark in boxes 1, 2, 3, and complete number 1.

1. [] This account covers the account reporting period just ended from

to	2011	is due on
date	date	date

2. [] Attached is a correct statement of all financial dealings I had on behalf of the ward or protected person during this account reporting period. The summary of all financial transactions I conducted or allowed on behalf of the ward or protected person during this period of time are fully described, itemized and summarized on the attached documents. I request that the Court enter an order approving this account.

- 3. [] Unless otherwise ordered by the court, attach the REQUIRED DOCUMENTS in the following order:
 - [] SCHEDULE 1: Statement of Receipts and Disbursements
 - [] Amended Budget (if applicable)
 - [] SCHEDULE 2: Statement of Net Assets and Reconciliation
 - [] WORKSHEET B (if applicable): Other Inventory and Liabilities Detail
 - [] Statement of Asset Distribution
 - [] Financial Statements, which include the account balance at the end of the account reporting period, for each financial account.
 - [] Transaction Log, detailing all financial transactions during the account reporting period just ended, reported by category.

INSTRUCTIONS: For approval of fee statements, put a check mark in box number 4:

4. [] Attached is a copy of the Fee Statement for which I request approval. (If you check this box, attach the Fee statement).

Subscribed and sworn to before me this _____ day of _____, 20_____, 20_____

My Commission Expires: _____

NOTARY PUBLIC

CONSERVATOR'S CERTIFICATION

I, the undersigned, acknowledge that I have read and reviewed this form, accompanying schedules and attached supplements, and after reasonable inquiry have a good faith belief that the information in this report is true, accurate and complete to the best of my knowledge and belief.

Conservator's Signature

Date

Conservator's Name (Type or Print Name)