

ANNUAL REPORT OF CONSERVATOR

STATE OF NORTH DAKOTA

Case No. _____

COUNTY OF _____

In regard to the Conservatorship of _____

Name of Protected Person: _____

Telephone Number: _____

Address: _____

City/State/Zip: _____

Name of Conservator: _____

Address: _____

City/State/Zip: _____

The undersigned certifies that a true and correct copy of the conservator's report was on the following date mailed to the conservatee at the above address by first class mail.

Date mailed: _____

Signature of Conservator

Dated Signed

To be completed by the Clerk of District Court:

Date Received: _____

Signature of Clerk of District Court

Note: Attach the Inventory, Income & Expenses, and Sale of Asset Reports.

