

Your Name: \_\_\_\_\_  
 Your Address: \_\_\_\_\_  
 Your City, Zip Code: \_\_\_\_\_  
 Your Telephone No. \_\_\_\_\_  
 Represents  Self OR  Attorney for: \_\_\_\_\_  
 State Bar Number (if applicable): \_\_\_\_\_  
 Licensed Fiduciary No. (if applicable): \_\_\_\_\_

FOR CLERK'S USE ONLY

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of Conservatorship for

Case Number: PB \_\_\_\_\_

### LETTERS OF APPOINTMENT AS PERMANENT CONSERVATOR and ACCEPTANCE OF LETTERS

\_\_\_\_\_  
 Name of Protected  Adult  Minor

### ISSUANCE OF LETTERS:

1. (Conservator's Name:) \_\_\_\_\_  
**is appointed as conservator for the above named adult or minor.**
2. **Reason for appointment:** The adult or minor named in the caption above is a protected person.
3. **Length of appointment:** until further order of this court.
4. **Restrictions** that apply to this permanent appointment, by order of the court:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Restrictions above affect the conservator's ability to manage monetary assets of the estate; therefore, in accord with Rule 22 (C) (2), Arizona Rules of Probate Procedure:**  
 Funds shall be deposited into an interest-bearing, federally insured restricted account at a financial institution engaged in business in Arizona. No withdrawals of principal or interest may be made without certified order of the Superior Court. Unless otherwise ordered by the court, reinvestment may be made without further court order so long as funds remain insured and restricted in this institution at this branch.

WITNESS: \_\_\_\_\_

CLERK OF THE SUPERIOR COURT

SEAL

By: \_\_\_\_\_  
 Deputy Clerk

Case No. \_\_\_\_\_

## ACCEPTANCE OF LETTERS OF APPOINTMENT

State of Arizona       )  
Maricopa County       ) ss.

I accept the duties as permanent conservator of \_\_\_\_\_  
(Name of Protected Person)

and

I swear or affirm that I will perform these duties according to law.

\_\_\_\_\_  
Signature of Conservator

\_\_\_\_\_  
Printed Name of Conservator

Sworn to or affirmed before me this date:

\_\_\_\_\_  
Michael K. Jeanes, Clerk of Superior Court

\_\_\_\_\_  
Notary

OR

My commission expires: \_\_\_\_\_  
(or Seal below)

By: \_\_\_\_\_  
Deputy Clerk of Court