

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):
 After recording return to:

TELEPHONE NO.:
FAX NO. (Optional):
E-MAIL ADDRESS (Optional):
ATTORNEY FOR (Name):

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:
MAILING ADDRESS:
CITY AND ZIP CODE:
BRANCH NAME:

CONSERVATORSHIP OF (Name):

FOR RECORDER'S USE ONLY

CONSERVATEE

CASE NUMBER:

LETTERS OF CONSERVATORSHIP

Person Estate Limited Conservatorship

FOR COURT USE ONLY

1. (Name): _____ is the appointed
 conservator limited conservator of the person estate
of (name): _____

2. (For conservatorship that was on December 31, 1980, a guardianship of an adult
or of the person of a married minor) (Name): _____
was appointed the guardian of the person estate by order
dated (specify): _____ and is now the conservator of
the person estate of (name): _____

3. Other powers have been granted or conditions imposed as follows:
- a. Exclusive authority to give consent for and to require the conservatee to receive medical treatment that the conservator in good faith based on medical advice determines to be necessary even if the conservatee objects, subject to the limitations stated in Probate Code section 2356.
 - (1) This treatment shall be performed by an accredited practitioner of the religion whose tenets and practices call for reliance on prayer alone for healing of which the conservatee was an adherent prior to the establishment of the conservatorship.
 - (2) (If court order limits duration) This medical authority terminates on (date): _____
 - b. Authority to place conservatee in a care or nursing facility described in Probate Code section 2356.5(b).
 - c. Authority to authorize the administration of medications appropriate for the care and treatment of dementia described in Probate Code section 2356.5(c).
 - d. Powers to be exercised independently under Probate Code section 2590 as specified in Attachment 3d (specify powers, restrictions, conditions, and limitations).
 - e. Conditions relating to the care and custody of the property under Probate Code section 2402 as specified in Attachment 3e.
 - f. Conditions relating to the care, treatment, education, and welfare of the conservatee under Probate Code section 2358 as specified in Attachment 3f.
 - g. (For limited conservatorship only) Powers of the limited conservator of the person under Probate Code section 2351.5 as specified in Attachment 3g.
 - h. (For limited conservatorship only) Powers of the limited conservator of the estate under Probate Code section 1830(b) as specified in Attachment 3h.
 - i. Other (specify): _____

(SEAL)

4. The conservator is **not** authorized to take possession of money or any other property without a specific court order.

5. Number of pages attached: _____

WITNESS, clerk of the court, with seal of the court affixed.

Date: _____

Clerk, by _____, Deputy

CONSERVATORSHIP OF <i>(Name)</i> : _____	CASE NUMBER: _____
CONSERVATEE	

LETTERS OF CONSERVATORSHIP

AFFIRMATION

I solemnly affirm that I will perform according to law the duties of conservator limited conservator.

Executed on *(date)*: _____, at *(place)*: _____



(SIGNATURE OF APPOINTEE)

CERTIFICATION

I certify that this document and any attachments is a correct copy of the original on file in my office, and that the letters issued to the person appointed above have not been revoked, annulled, or set aside, and are still in full force and effect.

Date: _____ Clerk, by _____, Deputy

(SEAL)
