



MONTANA ESTATE LAWYERS, P.C.

*Formerly Scott, Tokerud, & McCarty*

# Guardianship & Conservatorship Organizer

ESTATE PLANNING and ADMINISTRATION

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***Thank you*** for thinking of us as you consider the needs of your loved one.

To help you with our organizer, we have included these brief instructions:

- ◆ Please use the Section Titled “Co-Guardians/Conservators” to provide information for the potential Guardians/Conservators.
- ◆ Please complete the sections titled “Incapacitated/Minor Person” on behalf of the incapacitated person or minor person.
- ◆ If you are unsure how to answer a question or want to discuss your answer in depth with the attorney, please mark the section with a star or a question mark.
- ◆ Please attach additional pages, if necessary.

All the information you provide remains 100% confidential.

# CO-GUARDIANS/CONSERVATORS

## INFORMATION OF POTENTIAL CO GUARDIAN/CONSERVATOR

\_\_\_\_\_/\_\_\_\_\_  
Name Prefer to be called

\_\_\_\_\_  
Address City County State Zip

\_\_\_\_\_  
Birth Date Driver's License Number State of Issue

\_\_\_\_\_  
Primary Contact Number ☐ Home ☐ Work ☐ Cell Secondary Contact Number ☐ Home ☐ Work ☐ Cell

\_\_\_\_\_  
Preferred Method of Communication: \_\_\_\_\_  
Email Address

Briefly describe your relationship to the incapacitated person: \_\_\_\_\_  
\_\_\_\_\_

## INFORMATION OF POTENTIAL CO GUARDIAN/CONSERVATOR

\_\_\_\_\_/\_\_\_\_\_  
Name Prefer to be called

\_\_\_\_\_  
Address City County State Zip

\_\_\_\_\_  
Birth Date Driver's License Number State of Issue

\_\_\_\_\_  
Primary Contact Number ☐ Home ☐ Work ☐ Cell Secondary Contact Number ☐ Home ☐ Work ☐ Cell

\_\_\_\_\_  
Preferred Method of Communication: \_\_\_\_\_  
Email Address

Briefly describe your relationship to the incapacitated person: \_\_\_\_\_  
\_\_\_\_\_

# INCAPACITATED/MINOR PERSON

## PERSONAL INFORMATION OF INCAPACITATED PERSON OR MINOR

Name \_\_\_\_\_ / Prefer to be called \_\_\_\_\_

Also known as \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Gender \_\_\_\_\_ Social Security Number \_\_\_\_\_ Marital Status \_\_\_\_\_

### FAMILY INFORMATION OF THE INCAPACITATED PERSON/MINOR: *Living Parents, Children & Siblings*

1. \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

5. \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

# INCAPACITATED/MINOR PERSON

## INFORMATION REGARDING THE NEED FOR A GUARDIANSHIP/CONSERVATORSHIP

Is this an emergency requiring the pursuit of a temporary guardian and conservator? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the incapacitated person have a Medical Power of Attorney? ☐ Yes ☐ No

If yes, who is the agent? \_\_\_\_\_

Does the incapacitated person have a Financial Power of Attorney? ☐ Yes ☐ No

If yes, who is the agent? \_\_\_\_\_

Does the incapacitated person have a last will and testament or a trust? ☐ Yes ☐ No

If yes, please locate and provide copies.

Is the incapacitated person able to work? ☐ Yes ☐ No

Please explain: \_\_\_\_\_  
\_\_\_\_\_

Is the incapacitated person able to drive? ☐ Yes ☐ No

If no, please explain the person's transportation needs and how those needs are met:

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

Is the incapacitated person able to live independently? ☐ Yes ☐ No

If no, please explain the person's living arrangements and the projected duration of this arrangement:

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

Other than the ways listed above, is the incapacitated person dependent on anyone for support? ☐ Yes ☐ No

If yes, please explain and name the person who provides the support:

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

# INCAPACITATED/MINOR PERSON

## HEALTH INFORMATION OF INCAPACITATED PERSON

Does the incapacitated person reside in a health care facility? ☐ Yes ☐ No

If yes, what type of facility? \_\_\_\_\_

\_\_\_\_\_  
Name of Facility

\_\_\_\_\_  
Facility Address

\_\_\_\_\_  
City

\_\_\_\_\_  
County

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Date of Admission

\_\_\_\_\_  
Level of Care

Was the incapacitated person transferred to this facility from another? ☐ Yes ☐ No

If yes, what date was the person admitted into the initial facility? \_\_\_\_\_

Who is the current physician of the incapacitated person? \_\_\_\_\_

When did the incapacitated person last see his/her current physician? \_\_\_\_\_

Please list the formal medical names of the incapacitated person's conditions:

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

Please describe the incapacitated person's overall physical health:

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

Please describe the incapacitated person's overall mental health:

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

If the incapacitated person is not receiving Medicaid, how are his/her healthcare costs being met?

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

# INCAPACITATED/MINOR PERSON

## QUALITY OF LIFE INFORMATION OF INCAPACITATED PERSON

Can the incapacitated person work? ☐ Yes ☐ No

Please explain:

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Can the incapacitated person drive? ☐ Yes ☐ No

If no, please explain his/her transportation needs:

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Can the incapacitated person live independently? ☐ Yes ☐ No

If no, please describe the incapacitated person's living arrangement, include how long this arrangement is expected to last:

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Please list or describe any activities this person enjoys that enhances his/her quality of life:

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# INCAPACITATED/MINOR PERSON

## INCOME INFORMATION OF INCAPACITATED PERSON

Does the incapacitated person receive any of the following? Please check and complete all that apply:

|                                   |                            |                  |
|-----------------------------------|----------------------------|------------------|
| _____ Social Security?            | If yes, how much: \$ _____ | How often: _____ |
| _____ SSI?                        | If yes, how much: \$ _____ | How often: _____ |
| _____ SSDI?                       | If yes, how much: \$ _____ | How often: _____ |
| _____ Veteran's Benefits?         | If yes, how much: \$ _____ | How often: _____ |
| _____ Gross Employment Earnings?  | If yes, how much: \$ _____ | How often: _____ |
| _____ Self-Employment Earnings?   | If yes, how much: \$ _____ | How often: _____ |
| _____ Lease Income?               | If yes, how much: \$ _____ | How often: _____ |
| _____ Rental Income?              | If yes, how much: \$ _____ | How often: _____ |
| _____ Mineral/Timber Interests?   | If yes, how much: \$ _____ | How often: _____ |
| _____ Contract for Deed Payments? | If yes, how much: \$ _____ | How often: _____ |
| _____ Income from Life Estate?    | If yes, how much: \$ _____ | How often: _____ |
| _____ Railroad Retirement?        | If yes, how much: \$ _____ | How often: _____ |
| _____ Civil Service Annuity?      | If yes, how much: \$ _____ | How often: _____ |
| _____ Other Pensions?             | If yes, how much: \$ _____ | How often: _____ |
| _____ Annuities?                  | If yes, how much: \$ _____ | How often: _____ |
| _____ Trust Income?               | If yes, how much: \$ _____ | How often: _____ |
| _____ Insurance Payments?         | If yes, how much: \$ _____ | How often: _____ |
| _____ IRA/KEOGH?                  | If yes, how much: \$ _____ | How often: _____ |
| _____ Contributions from Others?  | If yes, how much: \$ _____ | How often: _____ |
| _____ Alimony Payments?           | If yes, how much: \$ _____ | How often: _____ |
| _____ Other Income?               | If yes, how much: \$ _____ | How often: _____ |
| _____ Other Government Programs?* | If yes, how much: \$ _____ | How often: _____ |

\*Please itemize each program using the back of this page. (Consider housing and food assistance programs.)



# INCAPACITATED/MINOR PERSON

## ASSET INFORMATION FOR THE INCAPACITATED PERSON

| ACCOUNTS            | Number of Accounts (Circle One) |     |     |     | ESTIMATED VALUES |
|---------------------|---------------------------------|-----|-----|-----|------------------|
| Cash Accounts       | NONE                            | 1-4 | 5-9 | 10+ | \$               |
| Investment Accounts | NONE                            | 1-4 | 5-9 | 10+ | \$               |
| Stock & Bonds       | NONE                            | 1-4 | 5-9 | 10+ | \$               |
| Retirement Accounts | NONE                            | 1-4 | 5-9 | 10+ | \$               |
| Life Insurance      | NONE                            | 1-4 | 5-9 | 10+ | \$               |
| Annuities           | NONE                            | 1-4 | 5-9 | 10+ | \$               |
| Promissory Notes    | NONE                            | 1-4 | 5-9 | 10+ | \$               |

| BUSINESS INTERESTS   | Number of Businesses (Circle One) |     |     |     | ESTIMATED VALUES |
|----------------------|-----------------------------------|-----|-----|-----|------------------|
| Sole Proprietorships | NONE                              | 1-4 | 5-9 | 10+ | \$               |
| Partnerships & LLCs  | NONE                              | 1-4 | 5-9 | 10+ | \$               |
| Corporations         | NONE                              | 1-4 | 5-9 | 10+ | \$               |

| REAL PROPERTY                 | Number of Properties (Circle One) |     |     |     | ESTIMATED VALUES |
|-------------------------------|-----------------------------------|-----|-----|-----|------------------|
| Personal Residence            | NONE                              | 1-4 | 5-9 | 10+ | \$               |
| Other Montana Properties      | NONE                              | 1-4 | 5-9 | 10+ | \$               |
| Out of State Properties       | NONE                              | 1-4 | 5-9 | 10+ | \$               |
| Mineral Interests             | NONE                              | 1-4 | 5-9 | 10+ | \$               |
| Do you have any water rights? | YES                               | NO  |     |     |                  |

| OTHER ASSETS           | Brief Description | ESTIMATED VALUES |
|------------------------|-------------------|------------------|
| Personal Effects       |                   | \$               |
|                        |                   | \$               |
| Motor Vehicles         |                   | \$               |
|                        |                   | \$               |
| Future Assets          |                   | \$               |
|                        |                   | \$               |
| Other                  |                   | \$               |
| Total Estimated Assets |                   | \$               |

| LIABILITIES                 | Brief Description | ESTIMATED VALUES |
|-----------------------------|-------------------|------------------|
| Mortgages                   |                   | \$               |
|                             |                   | \$               |
| Loans Payable               |                   | \$               |
|                             |                   | \$               |
| Accounts Payable            |                   | \$               |
|                             |                   | \$               |
| Other Liabilities           |                   | \$               |
| Total Estimated Liabilities |                   | \$               |

Estimated Net Estate (Assets minus Liabilities) \$