

**4-997. Conservator's inventory.**

[For use with Rule 1-140 NMRA]

**STATE OF NEW MEXICO**  
**COUNTY OF \_\_\_\_\_**  
**\_\_\_\_\_ JUDICIAL DISTRICT**

**In the matter of \_\_\_\_\_,**  
**a Protected Person.**

**No. \_\_\_\_\_**

**CONSERVATOR'S INVENTORY**

***Please note:** Fill out this net asset summary after you have completed this entire inventory. Use the information that you enter in Sections II and III of this inventory.*

<b>NET ASSET SUMMARY</b>		<b>Total Amount</b>
A.	Total Assets ( <b>SECTION II TOTAL</b> )	\$
B.	Total Debts ( <b>SECTION III TOTAL</b> )	- \$
<b>Net Asset Value (A - B)</b>		\$

**Instructions.**

You must use this form, Form 4-997 NMRA, when you file a **Conservator's Inventory**. The purpose of a **Conservator's Inventory** is to give the court as complete a picture as possible of the financial situation of the person under conservatorship, also called the Protected Person.

1. This **Conservator's Inventory** is due within ninety (90) days of your appointment as conservator.
2. As conservator you will also be required to complete and file a **Conservator's Report** using Form 4-998 NMRA as follows:
  - a. Every year within thirty (30) days after the anniversary date of your appointment.
  - b. Within sixty (60) days after your resignation, removal, or termination as conservator.
3. Please type or print clearly using ink.
4. Complete all sections of this inventory.
5. Attach additional pages if necessary.
6. After completing this inventory, you must sign it under penalty of perjury.
7. Copies of this inventory must be given to the Protected Person, the Protected Person's guardian if one has been appointed, and any other persons specified by the court.
8. Keep a copy of this inventory for your records.
9. You must keep a copy of **ALL** of the Protected Person's financial records for seven (7) years and make them available to the court upon request.

**SECTION I – Information about the Protected Person.**

1. Protected Person's name: \_\_\_\_\_
2. Protected Person's age: \_\_\_\_\_
3. Protected Person's physical address: \_\_\_\_\_  
Mailing address (if different): \_\_\_\_\_
4. Protected Person's telephone number(s) and other contact information:  
Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
Work: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_
5. Has a guardian also been appointed for the Protected Person?  
 Yes  No  
If yes, name of guardian \_\_\_\_\_  
Address \_\_\_\_\_  
Phone number of guardian \_\_\_\_\_
6. What date were you appointed conservator? \_\_\_\_\_
7. Is the Protected Person the beneficiary of a trust?  Yes  No  
If yes, what is the name of the trust? \_\_\_\_\_  
What is the current value of the trust? \_\_\_\_\_

Who is the trustee? \_\_\_\_\_  
 What is the trustee's contact information? \_\_\_\_\_  
 \_\_\_\_\_

**Please note:** The information you fill out in Sections II through IV below will show the value of the Protected Person's estate on the date you were appointed.

**SECTION II – Assets.**

Please provide information about all of the assets of the Protected Person as of the date of your appointment as conservator. Assets are anything of value owned by the Protected Person. Attach additional pages if necessary.

A. Are you holding cash on hand on behalf of the Protected Person?  
 Yes       No      Amount \$ \_\_\_\_\_  
 If yes, why is cash kept on hand? \_\_\_\_\_  
 \_\_\_\_\_

B. Bank Accounts.

Name of Bank/Institution	Type of Account (Examples: checking, savings, certificates of deposit, etc.)	Value on Date of Appointment
		\$
		\$
		\$
<b>TOTAL</b>		\$

C. Investment Accounts.

Name of Bank/Institution	Type of Account (Examples: brokerage, investment, money market, stocks, bonds, IRAs, 401(k) plan, etc.)	Value on Date of Appointment
		\$
		\$

<b>TOTAL</b>	\$
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D. Life Insurance Policies.

Name Of Company	Type of Insurance (Examples: whole, term or universal, etc.)	Cash Value on Date of Appointment
		\$
		\$
<b>TOTAL</b>		\$

E. Real Estate.

Address of Property <i>(List all land and buildings)</i>	Method for Determining Value (Examples: appraisal, tax assessment, market value, etc.)	Value
		\$
		\$
<b>TOTAL</b>		\$

F. Vehicles.

Make, Model, and Year <i>(List all cars, boats, ATVs, etc.)</i>	Value	
	\$	
	\$	
	\$	
<b>TOTAL</b>		\$

G. Other Property Not Listed Above. *(Attach additional pages if necessary.)*

Detailed Description of Item or Collection <i>(Only list items or collections that are worth more than \$500.00)</i>	Method for Determining Value (Examples: appraisal, market value)	Value
		\$
		\$
		\$
<b>TOTAL</b>		\$

H. Total value of assets listed above. *(The sum of all "Totals" reported in Section II.)*

**SECTION II TOTAL**

\$

**Section III – Debts.**

A. Real Estate Debts.

Address of Property and Name of Lender	Amount Owed on Date of Appointment
	\$
	\$
<b>TOTAL</b>	
	\$

B. Other Loans.

Lender/Creditor Name	Purpose of Loan (Examples: automobile loan or personal payday loan, etc.)	Amount Owed on Date of Appointment
		\$
		\$
<b>TOTAL</b>		\$

C. Credit Cards.

Company Name and Address	Amount Owed on Date of Appointment
	\$
	\$
	\$
<b>TOTAL</b>	\$

D. Judgments/Liens.

Judgment/Lien Description	Amount Owed On Date Of Appointment
	\$
	\$
<b>TOTAL</b>	\$

E. Other Liabilities/Debts.

Description	Amount Owed On Date Of Appointment
	\$
	\$
	\$
<b>TOTAL</b>	\$

F. Total amount of debts listed above. (*The sum of all "TOTALS" reported in Section III.*)

**SECTION III TOTAL**

\$
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G. Explain any personal or professional relationship between the conservator and any lender/creditor listed in any section above: \_\_\_\_\_

\_\_\_\_\_

H. Explain any personal or professional relationship between the Protected Person and any lender/creditor listed in any section above: \_\_\_\_\_  
\_\_\_\_\_

**SECTION IV – Management of estate.**

A. What are the Protected Person’s expected sources of income? (e.g., Pension, Social Security, SSI, etc.) \_\_\_\_\_  
\_\_\_\_\_

B. What are the Protected Person’s expected expenses? (e.g., housing, care, household, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

C. If expected expenses will exceed expected income, what is your plan to meet the basic needs of the Protected Person? \_\_\_\_\_  
\_\_\_\_\_

D. Do you anticipate significant one-time income over the next 12 months? (e.g., sale of house or car, back payment of social security, insurance proceeds, etc.)

Yes       No

If yes, list and describe each income source and amount separately: \_\_\_\_\_  
\_\_\_\_\_

If yes, what do you plan on doing with this income? (e.g., pay off debt, invest) \_\_\_\_\_  
\_\_\_\_\_

E. Do you anticipate significant one-time expenses over the next 12 months? (e.g., major home or car repair, medical expenses, gifts)       Yes       No

If yes, list and describe the nature and amount of each expense: \_\_\_\_\_  
\_\_\_\_\_

If yes, how do you plan on paying for this expense? \_\_\_\_\_  
\_\_\_\_\_

F. Are the assets in the estate sufficient to provide for the ongoing care of the Protected Person?       Yes       No

If no, describe why and what steps should be taken to provide for the Protected Person: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AFFIRMATION UNDER PENALTY OF PERJURY**

I, \_\_\_\_\_, am the conservator of \_\_\_\_\_, and I affirm under penalty of perjury under the laws of the State of New Mexico that the information in this report is true and correct.

Date Submitted: \_\_\_\_\_

\_\_\_\_\_  
Conservator's Signature

\_\_\_\_\_  
Typed/Printed Name

\_\_\_\_\_  
Street or Post Office Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Telephone Number(s)

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Email

Is this address different from your address in the order of appointment?     Yes     No



**CERTIFICATE OF SERVICE**

I certify that on *(date)* \_\_\_\_\_ I served a copy to the following individuals:

Protected Person

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

- By mail or other delivery service
- By fax (*number*) \_\_\_\_\_
- By hand delivery
- By e-mail

Person(s) designated by court order  
*(name and address):*

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

- By mail or other delivery service
- By fax (*number*) \_\_\_\_\_
- By hand delivery
- By e-mail

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

- By mail or other delivery service
- By fax (*number*) \_\_\_\_\_
- By hand delivery
- By e-mail

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

- By mail or other delivery service
- By fax (*number*) \_\_\_\_\_
- By hand delivery
- By e-mail

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

- By mail or other delivery service
- By fax (*number*) \_\_\_\_\_
- By hand delivery
- By e-mail

\_\_\_\_\_  
Typed/Printed Name

\_\_\_\_\_  
Conservator's Signature

[Approved by Supreme Court Order No. 18-8300-005, effective for all cases on or after July 1, 2018.]