

|   |  |   |                             |                          |
|---|--|---|-----------------------------|--------------------------|
| <b>CONSERVATOR'S FINANCIAL PLAN</b>       | Docket No.<br><b>NO10P1245PM</b>   | <b>Commonwealth of Massachusetts<br/>The Trial Court<br/>Probate and Family Court</b> |                             |                          |
|   | <b>In the Interests of:</b><br><table border="0"> <tr> <td><b>Elvira</b><br/>First Name</td> <td><b>T.</b><br/>Middle Name</td> <td><b>Madigan</b><br/>Last Name</td> </tr> </table> |   | <b>Elvira</b><br>First Name | <b>T.</b><br>Middle Name |
| <b>Elvira</b><br>First Name               | <b>T.</b><br>Middle Name   | <b>Madigan</b><br>Last Name   |                             |                          |
| <b>Protected Person</b>                   | <b>Norfolk</b> Division<br><b>35 Shawmut Road</b><br><b>Canton, MA 02021</b><br><b>(781) 830-1200</b>  |   |                             |                          |
| <b>Date of Appointment of Conservator</b> | <b>April 17, 2008</b>  |   |                             |                          |

I, Eleanor D. Franklin (name of Conservator(s)),  
First Name M.I. Last Name

move this Court to approve this  initial  amended Conservator's Financial Plan dated June 30, 2009

**Protected Person's Information:** Elvira T. Madigan  
First Name Middle Name Last Name

Current Address (including Name of Living Center or Nursing Facility): 2889 Lincoln Blvd.  
(Address Line 1) (Apt, Unit, No. etc.)

Canton MA 12345  
(City/Town) (State) (Zip)

Primary Phone # (781) 458-9875 Age: 72

**Conservator's Information:** Eleanor D. Franklin  
First Name Middle Name Last Name

Do you plan on receiving any fees for being the Conservator?  Yes  No If Yes, indicate hourly rate: \$ 20.00

Occupation: teacher Your Relationship to Protected Person: niece

878 Washington St. 3C  
(Address Line 1) (Apt, Unit, No. etc.)

Huntsville MA 12345  
(City/Town) (State) (Zip)

Primary Phone # (978) 458-6859

**Part I - Financial Plan**

1. Provide a short narrative of the steps you will take to develop or restore the Protected Person's ability to manage his or her own property and finances.

**Visual aids will be provided to the protected person. Direct deposit of pension and electronic bill payments will be arranged to reduce the burden of paying bills.**

2. Estimate the likely duration of the conservatorship, keeping in mind the steps to be taken to restore the Protected Person's ability to manage his or her own affairs.

**The need for conservatorship is likely to be ongoing indefinitely as the protected persons memory and occupational skills are declining.**

3. Are the assets in the estate sufficient to provide for the present and future care of the Protected Person?  Yes  No

If **No**, describe why and what steps should be taken. If you would like the Court to take action, you must file an appropriate pleading (i.e. motion, petition for license to sell real estate, petition for protective arrangement) with the Court.

**Home health care costs exceed income and are depleting savings. Cottage should be sold to provide sufficient liquidity and income to pay expenses. A petition for license to sell real estate will be filed shortly.**

List all expected sources of receipts/income and disbursements/expenses in the charts below. If a specific category is not applicable, indicate "0" in the projected monthly and annual amounts columns.

**A. Receipts/Income**

Indicate the amount of receipts/income received on both a monthly and annual basis. If an income amount (such as wages) is to be received on a monthly basis, multiply the amount by 12 to determine the projected annual amount. If an income (such as dividends) is to be received on an annual basis, divide the amount by 12 to determine the projected monthly amount.

| Description of Receipt/Income Category  | Projected Monthly Amount | Projected Annual Amount |
|---|--------------------------|-------------------------|
| Wages   |                          |                         |
| Social Security   | \$785.00                 | \$9,420.00              |
| Interest / Dividends  | \$130.00                 | \$1,560.00              |
| Pensions / Retirement Plan Distributions  | \$884.00                 | \$10,608.00             |
| Rental Income   |                          |                         |
| Gifts from Others   |                          |                         |
| Disability, Unemployment or Worker's Compensation   |                          |                         |
| Other Public Assistance (Please List) _____   |                          |                         |
| Other Receipts/Income (Please List) _____   |                          |                         |
| <b>Total Receipts/Income</b><br><b>Enter the total projected monthly and annual amounts in Part II (A).</b> | <b>\$1,799.00</b>        | <b>\$21,588.00</b>      |

**B. Projected Payments to Professionals**

Do you expect to pay any fees to professionals, including any fees you receive for being the Conservator?  Yes  No

If Yes, list below projected payments to professionals that will serve you, as conservator, the protected person or the estate. Include any fees you plan to receive as the Conservator.

| Type of Professional and Name of Individual  | Projected Monthly Amount | Projected Annual Amount |
|--|--------------------------|-------------------------|
| Conservator:<br>_____ Name   | \$100.00                 | \$1,200.00              |
| Guardian:<br>_____ Name  |                          |                         |
| Guardian ad litem:<br>_____ Name   |                          |                         |
| Legal fees for Protected Person:<br>_____ Attorney Name  |                          |                         |
| Legal fees for Conservator:<br>_____ Attorney Name   |                          |                         |
| Legal fees for Guardian:<br>_____ Attorney Name  |                          |                         |
| Accountant/CPA:<br>_____ Name  |                          |                         |
| Case Manager:<br>_____ Name  |                          |                         |
| Geriatric Care Manager:<br>_____ Name  | \$200.00                 | \$2,400.00              |
| Other:<br>_____ Name   |                          |                         |
| Other:<br>_____ Name   |                          |                         |
| <p align="center"><b>Total Professional Fees</b></p> <p>Enter totals in Part I - Section C Disbursements/Expenses.</p> | \$300.00                 | \$3,600.00              |

### C. Disbursements/Expenses

Indicate the disbursements/expense amount on both a monthly and annual basis. If an expense (such as utilities) is to be paid on a monthly basis, multiply the amount by 12 to determine the projected annual amount. If an expense (such as property taxes) is to be paid on an annual basis, divide the amount by 12 to determine the projected monthly amount.

| Description of Disbursement/Expense Category  | Projected Monthly Amount | Projected Annual Amount |
|---|--------------------------|-------------------------|
| <b>Total Professional Fees Paid (from Part B)</b>   | <b>\$300.00</b>          | <b>\$3,600.00</b>       |
| Distributions to Protected Person   |                          |                         |
| Income Taxes  |                          |                         |
| FICA and Medicare Taxes   |                          |                         |
| Rent  |                          |                         |
| Mortgage  |                          |                         |
| Health Care (including health insurance, prescriptions)   | <b>\$850.00</b>          | <b>\$10,200.00</b>      |
| Other Insurance   |                          |                         |
| Property Taxes and Assessments  |                          |                         |
| Repairs and Maintenance   | <b>\$200.00</b>          | <b>\$2,400.00</b>       |
| Utilities, including phones   |                          |                         |
| Home Furnishings  |                          |                         |
| Food and Household Supplies   | <b>\$400.00</b>          | <b>\$4,800.00</b>       |
| Clothing  |                          |                         |
| Personal Care   |                          |                         |
| Auto Expenses   | <b>\$100.00</b>          | <b>\$1,200.00</b>       |
| Education   |                          |                         |
| Entertainment, Vacations and Travel   |                          |                         |
| Monthly Debt Repayments (excluding mortgage)  |                          |                         |
| Other Disbursements/Expenses (Please List)  |                          |                         |
| Other Disbursements/Expenses (Please List)  |                          |                         |
| <b>Total Disbursements/Expenses</b><br>Enter the total projected monthly and annual amounts in Part II (B). | <b>\$1,850.00</b>        | <b>\$22,200.00</b>      |

**Part II - Summary of Financial Plan (Receipts/Income Minus Disbursements/Expenses)**

Summarize the Financial Plan below after completing the detailed accounting information.

|  | Projected Monthly<br>Amount | Projected Annual<br>Amount |
|--|-----------------------------|----------------------------|
| (A) Receipts/Income (Total from Part I A (above))        | \$ <u>1,799.00</u>          | \$ <u>21,588.00</u>        |
| (B) Disbursements/Expenses (Total from Part I C (above)) | \$ <u>1,850.00</u>          | \$ <u>22,200.00</u>        |
| Net Income: (A) minus (B)                                | \$ <u>-51.00</u>            | \$ <u>-612.00</u>          |

**The Conservator states the following:**

1. The information contained in the Financial Plan is true and complete. The proposed plan is necessary to protect and manage the income and assets of the protected person.
2. The Financial Plan is based on the actual needs and best interests of the Protected Person.

I understand that I must provide copies of this Financial Plan to the Protected Person in hand or by certified mail within 10 days of filing with the Court and will indicate having done so by completing the Certificate of Service at the end of this form.

I understand that I am required to maintain supporting documentation for all receipts and disbursements including detailed billing statements from any professional. The Court and/or Interested Persons may request copies at any time.

I state under penalty of perjury that this is a true and complete Financial Plan of this estate to the best of my knowledge, information and belief.

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

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

\_\_\_\_\_  
Attorney or Conservator Without Attorney

\_\_\_\_\_  
(Address Line 1) (Apt, Unit, No. etc.)

\_\_\_\_\_  
(City/Town) (State) (Zip)

Primary Phone #: \_\_\_\_\_

BBO No.: \_\_\_\_\_

**CERTIFICATE OF SERVICE**

I certify that on \_\_\_\_\_ (date) I sent a copy of this Conservator's Financial Plan to the Protected Person  in hand or  by certified mail, return receipt requested, at the address listed on page 1 of this Report.

\_\_\_\_\_  
Signature of Person Making Service

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
(Address Line 1) (Apt, Unit, No. etc.)

\_\_\_\_\_  
(City/Town) (State) (Zip)

Primary Phone #: \_\_\_\_\_

BBO No.: \_\_\_\_\_

**Note:** The Financial Plan must be served on the Protected Person.