

**Form 4-998. Conservator's report.**

[For use with Rule 1-140 NMRA]

**STATE OF NEW MEXICO**

**COUNTY OF** Clark

**JUDICIAL DISTRICT**

**In the matter of** Jerry McCoy,

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

**a Protected Person.**

**CONSERVATOR'S REPORT**

*Please note: Fill out this financial summary after you have completed this entire report. Use the information that you enter in Sections II through V of this report and the information from the reports that you filed last year and two years ago.*

<b>FINANCIAL SUMMARY</b>		Current	Last Year	Two Years Ago
A.	Net Asset Value of Previous Year's Report (or Beginning Inventory if this is your first report)	\$ 1,248,400.00	1,310,000.00	0
B.	Plus Income ( <b>Total</b> from Section II, below)	\$ 100,000.00	95,000.00	94,000.00
C.	Less Expenses ( <b>Total</b> from Section III, below)	\$ 135,200.00		
D.	Plus additions or (minus) deletions to inventory during the year	\$ 0	0	0
E.	(Minus) additions or plus deletions to debt during the year	\$ 0	0	0
F.	Net Asset Value (A + B - C +/- D +/- E)	\$ 1,213,200.00	1,405,000.00	94,000.00
	Assets ( <b>Sum Total</b> from Section IV, below)	\$ 1,275,800.00	0	0
	Less Debts ( <b>Sum Total</b> from Section V, below)	\$ 65,400.00	0	0
	Net Asset Value (This should match Line F)	<b>\$ 1,210,400.00</b>		

**Instructions.**

If you were appointed conservator within the past ninety (90) days, **do not use this form.** The first report that you must file is a **Conservator's Inventory, Form 4-997 NMRA.** The Conservator's Inventory is due within ninety (90) days of your appointment.

You must use this form, Form 4-998 NMRA, when you file a **Conservator's Report.** The purpose of a **Conservator's Report** is to give the court as complete a picture as possible of the current financial situation for the person under conservatorship, also called the Protected Person.

1. This **Conservator's Report** is due as follows:
  - a. You must complete and file this **Conservator's Report** every year within thirty (30) days of the anniversary date of your appointment as conservator.
  - b. You must complete and file this **Conservator's Report** within sixty (60) days of your resignation, removal, or termination as conservator.
2. Please type or print clearly using ink.
3. Complete all sections of this report.
4. Attach additional pages if necessary.
5. After completing this report, you must sign it under penalty of perjury.
6. Copies of this report 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.
7. Keep a copy of this report for your records.
8. 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.

**REPORTING PERIOD.**

This report covers the dates beginning 1/1/23 and ending 12/31/23.

Is this a Final Report?  Yes  No

If yes, please check the box that explains why you are filing a Final Report and fill in the requested information.

The Protected Person has died (*attach a copy of the death certificate if available*).

Date and place of death: \_\_\_\_\_

Name of personal representative, if appointed: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

The court has appointed a new conservator.

Name of new conservator: \_\_\_\_\_

Address and phone number of new conservator: \_\_\_\_\_

\_\_\_\_\_

The court has issued an order ending the conservatorship.

Other (*please explain*): \_\_\_\_\_

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

A. Protected Person's name: Jerry McCoy

B. Protected Person's age: 74

C. Protected Person's physical address: 123 Oak Street

Mailing address (if different): \_\_\_\_\_

D. Protected Person's telephone number(s) and other contact information:

Home: 555-666-7777 Cell: n/a

Work: n/a Fax: n/a

Email: n/a

E. Has a guardian also been appointed for the Protected Person?

Yes       No

If yes, name of guardian: Erica McCoy

Address: 222 Main Street

Phone: 555-555-5555

F. Does the Protected Person have sole control over any money?

Yes       No

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

G. Has the Protected Person's residence changed in the past 12 months?

Yes       No

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

\_\_\_\_\_

\_\_\_\_\_

H. Describe any significant actions you have taken as conservator regarding the Protected Person's financial condition during the reporting period. no significant changes

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I. Describe any significant changes of circumstances for the Protected Person (financial, physical or mental health, living arrangements, etc.). continued cognitive decline

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

J. 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? \_\_\_\_\_

\_\_\_\_\_

K. Are the Protected Person's funds kept in a separate account from the conservator's funds?

Yes       No

If no, explain: \_\_\_\_\_

\_\_\_\_\_

**SECTION II - Income.** *(Fill in only the boxes that apply to the Protected Person's income; leave the other boxes blank)*

Description of each Income Source <i>(Report only the income received by the Protected Person, not your income)</i>		Amount Received this Reporting Period	Amount Received last year	Amount Received two Years ago
Social Security Benefits				
	Social Security	\$ 0	0	0
	Social Security Disability Insurance (SSDI)	\$ 0	0	0
	Supplemental Security Income (SSI)	\$ 0	0	0
Veterans Financial Benefits		\$ 0	0	0
Trust Income		\$ 0	0	0
Wages		\$ 0	0	0
Worker's Compensation Benefits		\$ 0	0	0
Dividends Received		\$ 0	0	0
Interest Income		\$ 0	0	0

0 0

0

Description of each Income Source (Report only the income received by the Protected Person, not your income)		Amount Received this Reporting Period	Amount Received last Year	Amount Received two Years ago
<b>Refunds</b>				
	Tax Refunds	\$ 0	0	0
	Insurance Refunds	\$ 0	0	0
	Other Refunds ( <i>explain</i> ) _____ _____	\$ 0	0	0
	Realized Gain/Loss on Sale of Asset	\$ 0	0	0
	Rental Income	\$ 0	0	0
	Royalty Income (oil, gas, etc.)	\$ 0	0	0
	Pension or 401(k) Distributions	\$ 100,000.00	5,000.00	4,000.00
	Annuity Income	\$ 0	0	0
	Alimony or Child Support	\$ 0	0	0
	Inheritance and Gifts Received	\$ 0	0	0
	Sale of Personal Property Not Listed on Inventory	\$ 0	0	0
	IRA Distributions	\$ 0	0	0
	Distribution from Tribal or Pueblo Government	\$ 0	0	0
	Life Insurance Proceeds	\$ 0	0	0
	Other ( <i>reverse mortgage, etc.</i> ) _____ _____	\$ 0	0	0
	<b>SECTION II TOTAL</b>	\$ 100,000.00	5,000.00	4,000.00

**SECTION III - Expenses.** (Fill in only the boxes that apply to the Protected Person's expenses; leave the other boxes blank)

Description of each Type of Expense (money paid to anyone on behalf of the Protected Person or on behalf of his/her legal dependents)		Expense this Reporting Period	Expense one Year ago	Expense two Years ago
Nursing/Assisted Living Home		\$ 0	0	0
In-Home Care		\$ 44,000.00	0	0
Rent Payment		\$ 0	0	0
Mortgage Payment				
	Mortgage Interest	\$ 0	0	0
	Mortgage Escrow	\$ 0	0	0
	Homeowner's Insurance if Not Paid by Escrow Account	\$ 3,000.00	0	0
	Property Tax if Not Paid by Escrow Account	\$ 6,000.00	0	0
Utilities (Gas, Electric, Water, and Sewer)		\$ 1,902.00	0	0
Cable/Satellite Television and/or Internet Service		\$ 960.00	0	0
Cell and other Phone Service		\$ 900.00	0	0
Transportation (including gasoline expenses)		\$ 0	0	0
Medical, Dental, and Vision Treatment Costs Not Paid by Insurance (including co-pays and deductibles)		\$ 0	0	0
Medical Supplies and Equipment		\$ 0	0	0
Medications Not Paid by Insurance (including co-pays and deductibles)		\$ 805.00	0	0
Credit Card Payments		\$ 0	0	0
Food, Groceries, Dining		\$ 4,468.00	0	0

2,035.00                      0                      0

Description of each Type of Expense <i>(money paid to anyone on behalf of the Protected Person or on behalf of his/her legal dependents)</i>		Expense this Reporting Period	Expense one Year ago	Expense two Years ago
Clothing		\$ 965.00	0	0
Recreation, Entertainment, Memberships		\$ 0	0	0
Travel (Vacation, Family Visits, etc.)		\$ 0	0	0
Household Goods and Electronics		\$ 0	0	0
Personal Grooming		\$ 0	0	0
Personal Spending Allowance		\$ 0	0	0
Pet Care (Food, Veterinary Care, Kennel, etc.)		\$ 0	0	0
Income Tax				
	Total Federal Payments	\$ 0	0	0
	Total State Payments	\$ 0	0	0
Home/Property Maintenance Costs (including housekeeping and yard service)		\$ 10,650.00	0	0
Insurance				
	Auto Insurance	\$ 1,350.00	0	0
	Medical Insurance	\$ 3,600.00	0	0
	Life Insurance	\$ 0	0	0
	Other Insurance (Long Term Care, Etc.)	\$ 2,000.00	0	0
Court Approved Gifts		\$ 0	0	0
Other Gifts or Charitable Donations		\$ 51,000.00	0	0
Child/Spousal Support		\$ 0	0	0

69.565.( 0 0



Description of each Type of Expense (money paid to anyone on behalf of the Protected Person or on behalf of his/her legal dependents)	Expense this Reporting Period	Expense one Year ago	Expense two Years ago
Legal Fees	\$ 0	0	0
Fees/Costs Paid to Conservator	\$ 3,600.00	0	0
Fees/Costs Paid to Guardian	\$ 0	0	0
Accounting Fees	\$ 0	0	0
Court Costs	\$ 0	0	0
Conservator's Bond	\$ 0	0	0
Case Management	\$ 0	0	0
Other Expenses ( <i>describe</i> ) _____	\$ 0	0	0
600.00                      0                      0 <b>SECTION III TOTAL</b>	<b>\$ 135,200.00</b>		

**SECTION IV – Assets. (Fill in only the boxes that apply to the Protected Person's assets; leave the other boxes blank)**

A. Are you holding cash on hand on behalf of the Protected Person?

Yes             No                      If yes, 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 last Day of Reporting Period
Town Bank	checking	\$ 23,800.00

Bank of America	Savings	\$ 24,500.00
		\$ 0
48,300.00	<b>TOTAL</b>	\$ 48,300.00

C. Investment Accounts.

Name of Bank/Institution	Type of Account (Examples: brokerage, investment, money market, stocks, bonds, IRAs, 401(k) plan, etc.)	Value on last Day of Reporting Period
Vanguard	Brokerage	\$ 600,000.00
Fidelity	Bond	\$ 125,500.00
		\$ 0
725,500.00	<b>TOTAL</b>	\$ 725,500.00

D. Life Insurance Policies.

Name of Company	Type of Insurance (Examples: whole, term or universal, etc.)	Cash Value on last Day of Reporting Period
		\$ 0
		\$ 0
0	<b>TOTAL</b>	\$

E. Real Estate.

Address and Type of Property (Examples: residential, rental, commercial, agricultural, or mineral interests)	Method for Determining Value (Examples: appraisal, tax assessment, market value, etc.)	Current Market Value
123 oak St - home	Zillow	\$ 457,000.00
		\$ 0
457,000.00	<b>TOTAL</b>	\$ 457,000.00

F. Vehicles.

Make, Model, and Year (List all cars, boats, ATVs, etc.)	Current Market Value
2020 Honda Accord	\$ 22,000.00
	\$ 0
	\$ 0
22,000.00	<b>TOTAL</b>
	\$ 22,000.00

G. Other Property Not Listed Above.

Detailed Description of Item or Collection (Only list items or collections that are worth more than \$500.00)	Method for Determining Value (Examples: appraisal, market value, etc.)	Current Market Value
jewelry	previous estimate	\$ 8,000.00
household goods	previous eestimate	\$ 15,000.00
		\$ 0
		\$ 0

		\$ 0
23,000.00	<b>TOTAL</b>	\$ 23,000.00

H. Total Value Of Assets Listed Above. *(The sum of all "TOTALS" reported in Section IV)*

**SECTION IV SUM TOTAL** \$ 1,275,800.00

**SECTION V – Debts.** *(Fill in only the boxes that apply to the Protected Person’s debts; leave the other boxes blank)*

A. Real Estate Debts.

Address of Property and Name of Lender	Type of Property (examples: residential, rental, commercial, or agricultural)	Amount Owed on last Date of Reporting Period
123 Oak Street	home equity	\$ 65,400.00
		\$ 0
65,400.00	<b>TOTAL</b>	\$ 65,400.00

B. Other Loans.

Lender/Creditor Name	Purpose of Loan (Examples: automobile loan or personal payday loan, etc.)	Amount Owed on last Date of Reporting Period
		\$ 0
		\$ 0
0	<b>TOTAL</b>	\$

C. Credit Cards.

Company Name and Address	Amount Owed on last Date of Reporting Period
	\$ 0
	\$ 0
	\$ 0
0	<b>TOTAL</b> \$

D. Judgments/Liens.

Judgment/Lien Description	Amount Owed on last Date of Reporting Period
	\$ 0
	\$ 0
0	<b>TOTAL</b> \$

E. Other Liabilities/Debts. (*promissory notes, IOUs, personal loans, etc.*)

Description	Amount owed on Last Date of Reporting Period
	\$ 0
	\$ 0
	\$ 0
0	<b>TOTAL</b> \$

F. Total Amount Owed By Protected Person. (*The sum of all "TOTALS" reported in Section V.*)

**SECTION V SUM TOTAL**

\$	65,400.00
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G. Explain any personal or professional relationship between the conservator and any lender/creditor listed in any section above: use the same banks

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

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

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

**SECTION VI - Information about the Conservator.**

*For purposes of this section, “conservator” means an individual or a corporate entity appointed by the court, and includes any individual working for a corporate entity who is responsible for the Protected Person.*

A. Does the conservator have any significant physical or mental health problems that would interfere with the ability to continue as conservator in the next year?

Yes       No

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

B. Does the conservator charge a fee or receive payment for acting as the Protected Person’s conservator?       Yes       No

If yes, how much has the conservator received since the conservator’s last report?

3600

How is the conservator’s fee or payment calculated? \$300/month  
\_\_\_\_\_

C. Since the conservator's last report (or since the conservator's appointment if this is the conservator's first report), has the conservator,

1. Been arrested for, charged with, or convicted of any felony or misdemeanor?

Yes       No

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

\_\_\_\_\_

\_\_\_\_\_

2. Been investigated by the Children, Youth and Families Department (CYFD), Adult Protective Services (APS), Internal Revenue Service (IRS), or any other governmental agency?

Yes       No

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

\_\_\_\_\_

\_\_\_\_\_

3. Filed for bankruptcy or received protection from creditors?

Yes       No

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

\_\_\_\_\_

\_\_\_\_\_

4. Had any professional or occupational license revoked or suspended?

Yes       No

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

5. Had the conservator's driver's license suspended or revoked?

Yes       No

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

6. Delegated any powers over the Protected Person to another person?

Yes       No

If yes, who were power(s) delegated to? \_\_\_\_\_

What power(s) were delegated? \_\_\_\_\_

For what period(s) of time? \_\_\_\_\_

6. Received any special training or certification as a conservator?

Yes       No

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

D. Is the conservator a court-appointed guardian or conservator for any other person?

Yes       No

If yes, please list the court and case number(s) for each (*attach additional pages if necessary*): \_\_\_\_\_



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E. If the conservator is required to have a conservator's bond, is the bond still in place?

Yes       No

If no, please explain: \_\_\_\_\_

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**AFFIRMATION UNDER PENALTY OF PERJURY**

I, Ike McCoy, am the conservator of Jerry McCoy, 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

Ike McCoy

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

333 Pleasant Valley Road

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

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

555-666-6666

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

n/a

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

imccoy@email.com

\_\_\_\_\_  
Email

Is this a change in address from your previous report?       Yes       No

**CERTIFICATE OF SERVICE**

I certify that on (*date*) 1/10/24 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*):  
Erica McCoy  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 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

Ike McCoy  
\_\_\_\_\_  
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.]