



Guardian/Conservatorship of an Adult Application

I, _____, being sworn, certify and affirm that I have been appointed guardian/conservator for the shares of stock in MTNT, Limited to which _____ ("the shareholder") owns. The shareholder's date of birth is: ___|___|_____ and the last four digits of their social security number are: ___|___|___|___.

The Shareholder has been declared INCAPACITATED by the State of Alaska: Yes No

My authority for acting as guardian/conservator of the shareholder is: *(check all applicable) (attach legal documents)*

- Court-appointed Guardian
- Court-appointed Conservator

I represent:

- The Office of Public Advocacy – Fairbanks Office
- The Office of Public Advocacy – Anchorage Office
- Other Agency: _____

(Name of agency) (Address)

Individual: _____ Relationship: _____

I am *(check one)*: Alaskan Native as defined by ANCSA Non-Native.

The shareholder resides with me: Yes No *(Please provide mailing address of shareholder below)*

No other agency/individual has been appointed guardian/conservator of the shareholder in any court proceedings.

If someone else has been appointed guardian/conservator, that person's name and address is:

I hereby accept and consent to my appointment as guardian/conservator of the shares to which the shareholder owns. I have the authority to represent the office or am the individual listed above. I understand the duties and powers of a guardian/conservator are governed by the laws of the State of Alaska in which the guardianship/conservatorship order was entered (AS 13.26.090-320) and understand the specific terms of the order. I understand the guardian/conservator may spend any distributions which are received by the shareholder ONLY for the support, maintenance, education, and benefit of the shareholder as permitted by the court order and for no other person or purpose.

Custodial Information *(Please print clearly)*:

Name/Title: _____

Address: _____

Phone/email: _____

Last four digits of Social Security Number: ___|___|___|___ Birth date: ___|___|_____

Guardian/conservator Signature

Date

STATE OF _____)
) ss.
)
(Country or Judicial District)

Subscribed, sworn to, and acknowledged before me this _____ Day of _____, 20_____.

Notary Public or Postmaster

In and For the State of

My Commission Expires