

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Alan S. Watenmaker, Esq. (SBN: 54766) HOFFMAN, SABBAN & WATENMAKER, APC [REDACTED] TELEPHONE NO.: [REDACTED] FAX NO. (Optional): [REDACTED] E-MAIL ADDRESS (Optional): [REDACTED] ATTORNEY FOR (Name): Leslie Morris	FOR COURT USE ONLY  <b>FILED</b> Superior Court of California County of Los Angeles  APR 28 2015  Sherri R. Carter, Executive Officer/Clerk By: [Signature] Deputy Cynthia Picdra  CASE NUMBER: <b>FP162242</b> HEARING DATE AND TIME: 7-8-15 10:30am DEPT.: 67
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES STREET ADDRESS: [REDACTED] MAILING ADDRESS: Same as above CITY AND ZIP CODE: Los Angeles, CA 90012 BRANCH NAME: CENTRAL	
CONSERVATORSHIP OF (Name): ROBERTA JOAN MITCHELL (PROPOSED) CONSERVATEE	
PETITION FOR APPOINTMENT OF <input type="checkbox"/> SUCCESSOR PROBATE CONSERVATOR OF THE <input checked="" type="checkbox"/> PERSON <input type="checkbox"/> ESTATE <input type="checkbox"/> Limited Conservatorship	

1. Petitioner (name): LESLIE MORRIS

requests that

a. (Name): Leslie Morris  
(Address): [REDACTED]

CASE ASSIGNED TO  
Munningsham

be appointed  successor  conservator  limited conservator of the PERSON of the (proposed) conservatee and Letters issue upon qualification.

b. (Name):  
(Address):

(Telephone):

be appointed  successor  conservator  limited conservator of the ESTATE of the (proposed) conservatee and Letters issue upon qualification.

c. (1)  bond not be required  because the proposed  successor conservator is a corporate fiduciary or an exempt government agency.  for the reasons stated in Attachment 1c.

(2)  bond be fixed at: \$ to be furnished by an authorized surety company or as otherwise provided by law. (Specify reasons in Attachment 1c if the amount is different from the minimum required by Probate Code section 2320.)

(3)  \$ in deposits in a blocked account be allowed. Receipts will be filed. (Specify institution and location):

d.  orders authorizing independent exercise of powers under Probate Code section 2590 be granted. Granting the proposed  successor conservator of the estate powers to be exercised independently under Probate Code section 2590 would be to the advantage and benefit and in the best interest of the conservatee's estate. (Specify orders, powers, and reasons in Attachment 1d.)

e.  orders relating to the capacity of the (proposed) conservatee under Probate Code section 18730 be granted. (Specify orders, facts, and reasons in Attachment 1e.)

f.  orders relating to the powers and duties of the proposed  successor conservator of the person under Probate Code sections 2351-2358 be granted. (Specify orders, facts, and reasons in Attachment 1f.)

g.  the (proposed) conservatee be adjudged to lack the capacity to give informed consent for medical treatment healing by prayer and that the proposed  successor conservator of the person be granted the powers specified in Probate Code section 2355. (Complete item 9 on page 6.)

Do NOT use this form for a temporary conservatorship.

04/28/2015

RECEIPT #: FIN487049002  
 DATE PAID: 04/28/15 08:15 AM  
 RECEIVED: \$1,115.00  
 CHARGE: \$11.11  
 CASH: \$10.00  
 CHECK: \$0.11  
 CREDIT: \$0.00  
 DEBIT: \$0.00

CIT/DOSE: FP162242  
 LEA/DEF#: [REDACTED]

Page 1 of 7  
 Probate Code, §§ 1820, 1871, 2680-2682

CONSERVATORSHIP OF (Name):

ROBERTA JOAN MITCHELL

CASE NUMBER:

BP162242

CONSERVATEE

1. h.  (for limited conservatorship only) orders relating to the powers and duties of the proposed  successor \* limited conservator of the person under Probate Code section 2351.5 be granted. (Specify orders, powers, and duties in Attachment 1h and complete item 1j.)
- i.  (for limited conservatorship only) orders relating to the powers and duties of the proposed  successor \* limited conservator of the estate under Probate Code section 1830(b) be granted. (Specify orders, powers, and duties in Attachment 1i and complete item 1j.)
- j.  (for limited conservatorship only) orders limiting the civil and legal rights of the (proposed) limited conservatee be granted. (Specify limitations in Attachment 1j.)
- k.  orders related to dementia placement or treatment as specified in the Attachment Requesting Special Orders Regarding Dementia (form GC-313) under Probate Code section 2356.5 be granted. A Capacity Declaration—Conservatorship (form GC-335) and Dementia Attachment to Capacity Declaration—Conservatorship (form GC-335A), executed by a licensed physician or by a licensed psychologist acting within the scope of his or her licensure with at least two years experience diagnosing dementia,  are filed herewith.  will be filed before the hearing.  (appointment of successor conservator only) will not be filed because an order relating to dementia placement or treatment was filed on (date): . That order has neither expired by its terms nor been revoked.
- l.  other orders be granted. (Specify in Attachment 1l.)
2. (Proposed) conservatee is (name): ROBERTA JOAN MITCHELL  
(Present address): UCLA Medical Center  
757 Westwood Plaza  
Los Angeles, CA 90095
3. a.  Jurisdictional facts (initial appointment only): The proposed conservatee has no conservator in California and is a
- (1)  resident of California and
- (a)  a resident of this county.
- (b)  not a resident of this county, but commencement of the conservatorship in this county is in the best interests of the proposed conservatee for the reasons specified in Attachment 3a.
- (2)  nonresident of California but
- (a)  is temporarily living in this county, or
- (b)  has property in this county, or
- (c)  commencement of the conservatorship in this county is in the best interest of the proposed conservatee for the reasons specified in Attachment 3a.
- b. Petitioner (answer items (1) and (2) and check all other items that apply:)
- (1)  is  is not a creditor or an agent of a creditor of the (proposed) conservatee.
- (2)  is  is not a debtor or an agent of a debtor of the (proposed) conservatee.
- (3)  is the proposed  successor conservator.
- (4)  is the (proposed) conservatee. (If this item is not checked, you must also complete item 3f.)
- (5)  is the spouse of the (proposed) conservatee. (You must also complete item 6.)
- (6)  is the domestic partner or former domestic partner of the (proposed) conservatee. (You must also complete item 7.)
- (7)  is a relative of the (proposed) conservatee as (specify relationship):
- (8)  is an interested person or friend of the (proposed) conservatee.
- (9)  is a state or local public entity, officer, or employee.
- (10)  is the guardian of the proposed conservatee.
- (11)  is a bank  other entity authorized to conduct the business of a trust company.
- (12)  is a professional fiduciary within the meaning of Business and Professions Code section 6501(f) who is licensed by the Professional Fiduciaries Bureau of the Department of Consumer Affairs. Petitioner's license number is provided in item 1 on page 1 of the attached Professional Fiduciary Attachment. (Use form GC-210(A-PF)/GC-310(A-PF) for this attachment. You must also complete item 2 on page 2 of that form and item 3d below.)

\* See Item 5b on page 4.

CONSERVATORSHIP OF (Name):

ROBERTA JOAN MITCHELL

CASE NUMBER:

BP162242

CONSERVATEE

3. c. Proposed  successor conservator is (check all that apply):

- (1)  a nominee. (Affix nomination as Attachment 3c(1).)
- (2)  the spouse of the (proposed) conservatee. (You must also complete item 6.)
- (3)  the domestic partner or former domestic partner of the (proposed) conservatee. (You must also complete item 7.)
- (4)  a relative of the (proposed) conservatee as (specify relationship):
- (5)  a bank  other entity authorized to conduct the business of a trust company.
- (6)  a nonprofit charitable corporation that meets the requirements of Probate Code section 2104.
- (7)  a professional fiduciary, as defined in Business and Professions Code section 6501(f). His or her statement concerning licensure or exemption is provided in item 1 on page 1 of the attached Professional Fiduciary Attachment. (Use form GC-210(A-PF)/GC-310(A-PF) for this attachment.)
- (8)  other (specify): SEE ATTACHMENT 3.c & 3.f

d.  Engagement and prior relationship with petitioning professional fiduciary (complete this item if petitioner is licensed by the Professional Fiduciaries Bureau.)

- (1)  Statements of who engaged petitioner, or how petitioner was engaged to file this petition, and a description of any prior relationship petitioner had with the (proposed) conservatee or his or her family or friends, are provided in item 2 on page 2 of the attached Professional Fiduciary Attachment. (Use form GC-210(A-PF)/GC-310(A-PF) for this attachment.)
- (2)  A petition for appointment of a temporary conservator is filed with this petition. That petition contains statements of who engaged petitioner, how petitioner was engaged to file this petition, and a description of any prior relationship petitioner had with the (proposed) conservatee or his or her family and friends.

## e. Character and estimated value of the property of the estate (complete items (1) or (2) and (3), (4), and (5)): PERSON ONLY

- (1)  (For appointment of successor conservator only, if complete Inventory and Appraisal filed by predecessor):  
Personal property: \$ \_\_\_\_\_, per Inventory and Appraisal filed in this proceeding on  
(specify dates of filing of all inventories and appraisals):

## PERSON ONLY

- (2)  Estimated value of personal property: \$ \_\_\_\_\_
- (3) Annual gross income from:
- (a) real property: \$ \_\_\_\_\_
- (b) personal property: \$ \_\_\_\_\_
- (c) pensions: \$ \_\_\_\_\_
- (d) wages: \$ \_\_\_\_\_
- (e) public assistance benefits: \$ \_\_\_\_\_
- (f) other: \$ \_\_\_\_\_
- (4) Total of (1) or (2) and (3): \$ \_\_\_\_\_
- (5) Real property: \$ \_\_\_\_\_
- (a)  per Inventory and Appraisal identified in item (1).
- (b)  estimated value.

f.  Due diligence (complete this item if the (proposed) conservatee is not a petitioner):

- (1) Efforts to find the (proposed) conservatee's relatives or reasons why it is not feasible to contact any of them are described on Attachment 3f(1).
- (2) Statements of the (proposed) conservatee's preferences concerning the appointment of any (successor) conservator and the appointment of the proposed (successor) conservator or reasons why it is not feasible to ascertain those preferences are contained on Attachment 3f(2).

CONSERVATORSHIP OF (Name): <p style="text-align: center; margin: 0;">ROBERTA JOAN MITCHELL</p> <p style="text-align: right; margin: 0;">CONSERVATEE</p>	CASE NUMBER: <p style="text-align: center; font-size: 1.2em; font-weight: bold; margin: 0;">BP162242</p>
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4. (Proposed) conservatee

a.  is  is not a patient in or on leave of absence from a state institution under the jurisdiction of the California Department of Mental Health or the California Department of Developmental Services (specify state institution):

b.  is receiving or entitled to receive  is neither receiving nor entitled to receive benefits from the U.S. Department of Veterans Affairs (estimate amount of monthly benefit payable): \$

c.  is  is not able to complete an affidavit of voter registration.

5. a.  Proposed conservatee (initial appointment of conservator only)

(1)  is an adult.

(2)  will be an adult on the effective date of the order (date):

(3)  is a married minor.

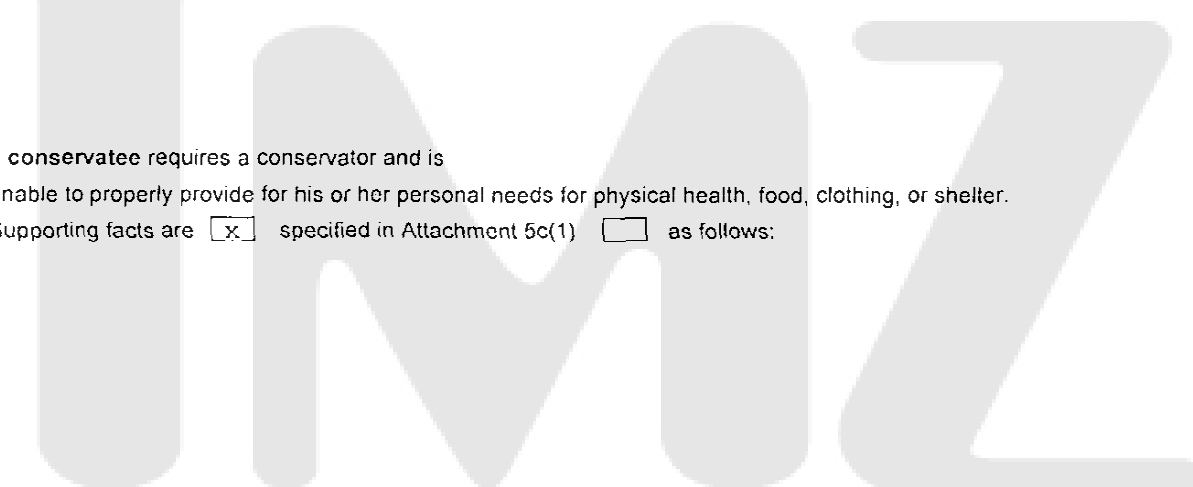
(4)  is a minor whose marriage has been dissolved.

b.  Vacancy in office of conservator (appointment of successor conservator only. A petition for appointment of a limited conservator after the death of a predecessor is a petition for initial appointment. (Prob. Code, § 1860.5(a)(1).)

There is a vacancy in the office of conservator of the  person  estate for the reasons  specified in Attachment 5b.  specified below.

c. (Proposed) conservatee requires a conservator and is

(1)  unable to properly provide for his or her personal needs for physical health, food, clothing, or shelter. Supporting facts are  specified in Attachment 5c(1)  as follows:



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CONSERVATORSHIP OF (Name): ROBERTA JOAN MITCHELL	CASE NUMBER: BP162242
CONSERVATEE	

5. c. (Proposed) conservatee requires a conservator and is
- (2)  substantially unable to manage his or her financial resources or to resist fraud or undue influence.  
Supporting facts are  specified in Attachment 5c(2)  as follows:

PERSON ONLY

5. d.  (Proposed) conservatee voluntarily requests the appointment of a  successor conservator.  
(Specify facts showing good cause in Attachment 5(d).)
- c.  Confidential Supplemental Information (form GC-312) is filed with this petition. (Initial appointment of conservator only.  
All petitioners must file this form except banks and other entities authorized to do business as a trust company.)
- f. (Proposed) conservatee  is  is not developmentally disabled as defined in Probate Code section 1420.  
Petitioner is aware of the requirements of Probate Code section 1827.5. (Specify the nature and degree of the alleged disability in Attachment 5f).
6.  Petitioner or proposed  successor conservator is the spouse of the (proposed) conservatee.  
(If this statement is true, you must answer a or b.)
- a.  The (proposed) conservatee's spouse is not a party to any action or proceeding against the (proposed) conservatee for legal separation, dissolution of marriage, annulment, or adjudication of nullity of their marriage.
- b.  Although the (proposed) conservatee's spouse is a party to an action or proceeding against the (proposed) conservatee for legal separation, dissolution, annulment, or adjudication of nullity of their marriage, or has obtained a judgment in one of these proceedings, it is in the best interest of the (proposed) conservatee that:
- (1)  a  successor conservator be appointed.
- (2)  the spouse be appointed as the  successor conservator.  
(If you checked item 6b(1) or (2) or both, specify the facts and reasons in Attachment 6b.)
7.  Petitioner or proposed  successor conservator is the domestic partner or former domestic partner of the (proposed) conservatee. (If this statement is true, you must answer a or b.):
- a.  The domestic partner of the (proposed) conservatee has not terminated and does not intend to terminate the domestic partnership.
- b.  Although the domestic partner or former domestic partner of the (proposed) conservatee intends to terminate or has terminated the domestic partnership, it is in the best interest of the (proposed) conservatee that:
- (1)  a  successor conservator be appointed.
- (2)  the domestic partner or former domestic partner be appointed as the  successor conservator.  
(If you checked item 7b(1) or (2) or both, specify the facts and reasons in Attachment 7b.)

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CONSERVATORSHIP OF (Name):  ROBERTA JOAN MITCHELL  CONSERVATEE	CASE NUMBER:  BP162242
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8. (Proposed) conservatee (check all that apply):

- a.  will attend the hearing AND  is the petitioner  is not the petitioner AND  has  has not nominated the proposed  successor conservator.
- b.  (initial appointment of conservator only): is able but unwilling to attend the hearing AND  does  does not wish to contest the establishment of a conservatorship,  does  does not object to the proposed conservator, AND  does  does not prefer that another person act as conservator.
- c.  (initial appointment of conservator only): is unable to attend the hearing because of medical inability. A Capacity Declaration—Conservatorship (form GC-335), executed by a licensed medical practitioner or an accredited religious practitioner  is filed with this petition.  will be filed before the hearing.
- d.  (initial appointment of conservator only): is not the petitioner, is out of state, and will not attend the hearing.
- e.  (appointment of successor conservator only): will not attend the hearing.

9.  Medical treatment of (proposed) conservatee

- a. There is no form of medical treatment for which the (proposed) conservatee has the capacity to give an informed consent.
- b. A Capacity Declaration—Conservatorship (form GC-335) executed by a licensed physician or by a licensed psychologist acting within the scope of his or her licensure, stating that the (proposed) conservatee lacks the capacity to give informed consent for any form of medical treatment and giving reasons and the factual basis for this conclusion,  is filed with this petition.  will be filed before the hearing.  will not be filed for the reason stated in c.
- c.  (appointment of successor conservator only) The conservatee's incapacity to consent to any form of medical treatment was determined by order filed in this matter on (date):  
That order has neither expired by its terms nor been revoked.
- d. (Proposed) conservatee  is  is not an adherent of a religion that relies on prayer alone for healing, as defined in Probate Code section 2355(b).

10.  Temporary conservatorship

Filed with this petition is a Petition for Appointment of Temporary Conservator (form GC-111).

11. (Proposed) conservatee's relatives

The names, residence addresses, and relationships of the spouse or registered domestic partner and the second-degree relatives of the (proposed) conservatee (his or her parents, grandparents, children, grandchildren, and brothers and sisters), so far as known to petitioner, are

- a.  listed below.
- b.  not known, or none are now living, so the (proposed) conservatee's deemed relatives under Probate Code section 1821(b)(1)-(4) are ~~listed below~~. SEE ATTACHMENT 11.b

	<u>Name and relationship to conservatee</u>	<u>Residence address</u>
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

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CONSERVATORSHIP OF (Name):	ROBERTA JOAN MITCHELL	CASE NUMBER:	BP162242
	CONSERVATEE		

11. (Proposed) conservatee's relatives (continued)

	Name and relationship to conservatee	Residence address
(7)		
(8)		
(9)		
(10)		
(11)		
(12)		
(13)		
(14)		
(15)		

Continued on Attachment 11.

12.  Confidential conservator screening form  
Submitted with this petition is a Confidential Conservator Screening Form (form GC-314) completed and signed by the proposed  successor conservator. (Required for all proposed conservators except banks and trust companies.)

13.  Court investigator  
Filed with this petition is a proposed Order Appointing Court Investigator (form GC-330).

14. Number of pages attached: \_\_\_\_\_

Date: 4/27/15

HOPEMAN, SAKHAIN & WATERMAKER, APC

Alan S. Watermaker, Esq.  
(TYPE OR PRINT NAME OF ATTORNEY FOR PETITIONER)

  
(SIGNATURE OF ATTORNEY FOR PETITIONER)

(All petitioners must also sign (Prob. Code, § 1020; Cal. Rules of Court, rule 7.103).)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 4-26-15

LESLIE MORRIS  
(TYPE OR PRINT NAME OF PETITIONER)

  
(SIGNATURE OF PETITIONER)

\_\_\_\_\_  
(TYPE OR PRINT NAME OF PETITIONER)

\_\_\_\_\_  
(SIGNATURE OF PETITIONER)

PROPOSED CONSERVATORSHIP OF  
ROBERTA JOAN MITCHELL

ATTACHMENT TO  
PETITION FOR APPOINTMENT OF  
PROBATE CONSERVATOR OF THE PERSON

Attachments 3.c and 3.f - Proposed Conservator Is Close Friend - No Known Relatives

Petitioner has been a close friend of the Proposed Conservatee for over 44 years. Over the years the Proposed Conservatee has told Petitioner that she has none of the relatives listed in Probate Code Section 1821(b) now living (i.e.: Second Degree: spouse, domestic partner, children, grandchildren, parents, grandparents, siblings, or Beyond Second Degree: spouse or domestic partner of a predeceased parent, children of a predeceased spouse or domestic partner, siblings of parents or children of parents' siblings, or children of siblings).

Petitioner is willing and able to act as Conservator of the Person.

Attachment 5.c(1) - Inability to Provide for Personal Needs

The Proposed Conservatee suffered a medical emergency in late March and was taken to UCLA Medical Center, where she remains at this time. At this time she remains unconscious and unable to make any responses, and is therefore unable to provide for any of her personal needs.

Attachment 11.b - No Statutory Relatives

Petitioner has been a close friend of the Proposed Conservatee for over 44 years. Over the years the Proposed Conservatee has told Petitioner that she has none of the relatives listed in Probate Code Section 1821(b) now living (i.e.: Second Degree: spouse, domestic partner, children, grandchildren, parents, grandparents, siblings, or Beyond Second Degree: spouse or domestic partner of a predeceased parent, children of a predeceased spouse or domestic partner, siblings of parents or children of parents' siblings, or children of siblings).

Accordingly, there are no persons entitled to Notice herein.

04/28/2015

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SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES

NOTICE OF CASE ASSIGNMENT

PROBATE

BP162242

Case Number: \_\_\_\_\_

To Petitioner and/or Petitioner's Attorney of Record: You are notified that this case is assigned for all purposes to the judicial officer named below:

√	ASSIGNED JUDGE/ COMMISSIONER	DEPT	ROOM	√	ASSIGNED JUDGE/COMMISSIONER	DEPT	ROOM
	Hon. Maria E. Stratton	5	236		Hon. Daniel S. Murphy	29	240
	Hon. Clifford L. Klein	9	244	✓	Hon. David S. Cunningham	67	614
	Hon. Lesley C. Green	11	246		Hon. David J. Cowan	79	610

PETITIONER AND/OR PETITIONER'S ATTORNEY shall give notice of this assignment by serving a copy of this Notice on Respondent at the time the Summons and Petition are served.

ALL PARTIES MUST write the name of the assigned judicial officer and department number on the first page, beneath the case number, on ALL documents filed with the clerk, to assure proper departmental assignment, calendaring of hearings and distribution of documents.

COMMISSIONERS: Cases may be assigned to a sitting Superior Court Commissioner. A Commissioner may preside as the judge over a case only if the parties agree and sign a stipulation.

Date: April 28, 2015

Sherri R. Carter, Executive Officer/Clerk

By: T. Edwards, Deputy

04/28/2015

SHORT TITLE Conservatorship of Person of ROBERTA JOAN MITCHELL	CASE NUMBER <b>BP162242</b>
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**PROBATE CASE COVER SHEET AND  
CERTIFICATE OF GROUNDS FOR ASSIGNMENT TO DISTRICT**

**This form is required for all new probate cases filed in the Los Angeles Superior Court.**

**Step 1:** In the "Type of Action" column of the table below, check the box next to the one type of action that best describes this case.

**Step 2:** Then read across the row containing the type of action you checked and put an "X" in the box that corresponds to the reason for your choice of district. Note that in each row, only the unshaded boxes apply to the type of action named in that row.

TYPE OF ACTION (check one) ▼	District where one or more parties reside	District where proposed conservatee, person who capacity or minor reside	District where petitioner resides	District where decedent resided	Decedent, Conservatee or minor not CA resident; but property is in district	Principal place of trust administration (Probate Code § 17002)	Other statutory authority (list statute); Or may be filed in Central Dist. per LASC Rule 2.3(b)
<b>Decedent Estates</b>							
<input type="checkbox"/> Petition for Probate of Will – Letters Testamentary (A6210)							
<input type="checkbox"/> Petition for Probate of Will – Letters of Administration with Will Annexed (A6211)							
<input type="checkbox"/> Petition for Letters of Administration (A6212)							
<input type="checkbox"/> Petition for Letters of Special Administration (A6213)							
<input type="checkbox"/> Petition to Set Aside Small Estate (Probate Code § 6602) (A6214)							
<input type="checkbox"/> Spousal/Domestic Partner Property Petition (A6215)							
<input type="checkbox"/> Petition for Succession to Property (A6216)							
<input type="checkbox"/> Summary Probate (Probate Code § 7660) (A6217)							
<input type="checkbox"/> Petition re Real Property of Small Value (Probate Code § 13200) (A6218)							
<b>Conservatorship or Guardianship</b>							
<input type="checkbox"/> Petition for Conservatorship of Person and Estate (A6230)							
<input checked="" type="checkbox"/> Petition for Conservatorship of Person Only (A6231)							
<input type="checkbox"/> Petition for Conservatorship of Estate Only (A6232)							
<input type="checkbox"/> Petition for Guardianship of Person and Estate (A6240)							
<input type="checkbox"/> Petition for Guardianship of Person Only (A6241)							
<input type="checkbox"/> Petition for Guardianship of Estate Only (A6242)							

TYPE OF ACTION (check one) ▼	District where one or more parties reside	District where proposed conservatee, person who capacity or minor reside	District where petitioner resides	District where decedent resided	Decedent, Conservatee or minor not CA resident but property is in district	Principal place of trust administration (Probate Code § 17002)	Other statutory authority (list statute): Or may be filed in Central Dist. per LASC Rule 2.3(b)
<b>Trust or Other Probate Court Matters</b>							
<input type="checkbox"/> Trust Proceedings (A6254)							
<input type="checkbox"/> Petition for Compromise of Minor's Claim - no civil case filed (Probate Code §3500) (A6260)							
<input type="checkbox"/> Petition to establish facts of birth, death, or marriage (A6180)							
<input type="checkbox"/> Other probate matter (specify):  (A6200)							
<input type="checkbox"/> Proceeding for particular transaction where spouse lacks legal capacity (A6243)							
<input type="checkbox"/> Capacity determination and health care decision for adult without conservator (A6233)							

**Step 3.** Is there another case(s) in the Los Angeles Superior Court involving the same minor (for example, a juvenile, family law, or adoption case), the same decedent (for example, a trust case), or the same parties and subject matter?  Yes  No

If yes, what is the case number? \_\_\_\_\_

**Step 4:** Enter the address of the party, decedent's residence, property, or other circumstance which applies to the reason you selected this district:

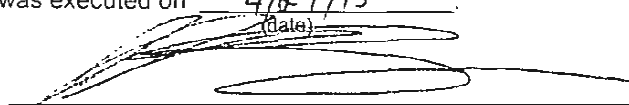
\_\_\_\_\_

**Step 5:** Select the appropriate district:

Central  North (Antelope Valley)

The undersigned hereby certifies that the above entitled matter is properly filed for assignment to the CENTRAL District of the Los Angeles Superior Court pursuant to the California Probate Code and Rule 2.3 of this court for the reason checked above.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this declaration was executed on 4/27/15 (date)



(SIGNATURE OF ATTORNEY OR PARTY WITHOUT ATTORNEY)  
Mary K. Ramsden, Esq.

Email address: \_\_\_\_\_

PLEASE HAVE THE FOLLOWING ITEMS COMPLETED AND READY TO BE FILED IN ORDER TO PROPERLY COMMENCE YOUR NEW COURT CASE:

1. Probate Case Cover Sheet.
2. Original Petition.
3. Other documents as required by statute, California Rules of Court, or Local Court Rules.
4. Payment in full of the filing fees or an Order of the Court waiving payment of the filing fees.
5. Additional copies of documents to be conformed. If filed by mail, include a self-addressed stamped envelope for return of your conformed copies.

**Probate Case Cover Sheet – Certificate of Grounds for Assignment to District**

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Alan S. Watenmaker, Esq. (SBN: 54766) HOFFMAN, SABBAN & WATENMAKER APC [REDACTED] TELEPHONE NO.: [REDACTED] FAX NO. (Optional): [REDACTED] E-MAIL ADDRESS (Optional): [REDACTED] ATTORNEY FOR (Name): Leslie Morris		FOR COURT USE ONLY <b>FILED</b> Superior Court of California County of Los Angeles APR. 28 2015 Sherri R. Carter, Executive Officer/Clerk By <u>[Signature]</u> Deputy Cynthia Pictra
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES STREET ADDRESS: [REDACTED] MAILING ADDRESS: Same as above CITY AND ZIP CODE: Los Angeles, CA 90012 BRANCH NAME: CENTRAL		
CONSERVATORSHIP OF THE <input checked="" type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): ROBERTA JOAN MITCHELL <input checked="" type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE		CASE NUMBER: <b>BP162242</b>
<b>CAPACITY DECLARATION—CONSERVATORSHIP</b> <b>TO PHYSICIAN, PSYCHOLOGIST, OR RELIGIOUS HEALING PRACTITIONER</b> The purpose of this form is to enable the court to determine whether the (proposed) conservatee (check all that apply): A. <input checked="" type="checkbox"/> is able to attend a court hearing to determine whether a conservator should be appointed to care for him or her. The court hearing is set for (date): [REDACTED]. (Complete item 5, sign, and file page 1 of this form.) B. <input checked="" type="checkbox"/> has the capacity to give informed consent to medical treatment. (Complete items 6 through 8, sign page 3, and file pages 1 through 3 of this form.) C. <input type="checkbox"/> has dementia and, if so, (1) whether he or she needs to be placed in a secured-perimeter residential care facility for the elderly, and (2) whether he or she needs or would benefit from dementia medications. (Complete items 6 and 8 of this form and form GC-335A; sign and attach form GC-335A. File pages 1 through 3 of this form and form GC-335A.) (If more than one item is checked above, sign the last applicable page of this form or form GC335A if item C is checked. File page 1 through the last applicable page of this form; also file form GC-335A if item C is checked.) <b>COMPLETE ITEMS 1-4 OF THIS FORM IN ALL CASES.</b>		

**GENERAL INFORMATION**

- (Name): Paul Vespa, M.D.
- (Office address and telephone number): UCLA Medical Center [REDACTED] (310) 206-4100
- I am
  - a California licensed  physician  psychologist acting within the scope of my licensure  with at least two years' experience in diagnosing dementia.
  - an accredited practitioner of a religion whose tenets and practices call for reliance on prayer alone for healing, which religion is adhered to by the (proposed) conservatee. The (proposed) conservatee is under my treatment. (Religious practitioner may make the determination under item 5 ONLY.)
- (Proposed) conservatee (name): ROBERTA JOAN MITCHELL
  - I last saw the (proposed) conservatee on (date):
  - The (proposed) conservatee  is  is NOT a patient under my continuing treatment.

**ABILITY TO ATTEND COURT HEARING**

- A court hearing on the petition for appointment of a conservator is set for the date indicated in item A above. (Complete a or b.)
  - The proposed conservatee is able to attend the court hearing.
  - Because of medical inability, the proposed conservatee is NOT able to attend the court hearing (check all items below that apply)
    - on the date set (see date in box in item A above).
    - for the foreseeable future. **ANTICIPATE FOUR TO SIX MONTHS**
    - until (date):
    - Supporting facts (State facts in the space below or check this box  and state the facts in Attachment 5):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 4-25-15 [Signature] Paul Vespa, MD [Signature] 4-25-15  
 (TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

04/28/2015

CONSERVATORSHIP OF THE <input checked="" type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): ROBERTA JOAN MITCHELL <input checked="" type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE	CASE NUMBER: <b>BP162242</b>
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**6. EVALUATION OF (PROPOSED) CONSERVATEE'S MENTAL FUNCTIONS**

**Note to practitioner:** This form is *not* a rating scale. It is intended to assist you in recording your *impressions* of the (proposed) conservatee's mental abilities. Where appropriate, you may refer to scores on standardized rating instruments.  
*(Instructions for items 6A-6C): Check the appropriate designation as follows: a = no apparent impairment; b = moderate impairment; c = major impairment; d = so impaired as to be incapable of being assessed; e = I have no opinion.)*

**A. Alertness and attention**

(1) Levels of arousal (lethargic, responds only to vigorous and persistent stimulation, stupor)

a  b  c  d  e

(2) Orientation (types of orientation impaired)

a  b  c  d  e  Person

a  b  c  d  e  Time (day, date, month, season, year)

a  b  c  d  e  Place (address, town, state)

a  b  c  d  e  Situation ("Why am I here?")

(3) Ability to attend and concentrate (give detailed answers from memory, mental ability required to thread a needle)

a  b  c  d  e

**B. Information processing. Ability to:**

(1) Remember (ability to remember a question before answering; to recall names, relatives, past presidents, and events of the past 24 hours)

i. Short-term memory a  b  c  d  e

ii. Long-term memory a  b  c  d  e

iii. Immediate recall a  b  c  d  e

(2) Understand and communicate either verbally or otherwise (deficits reflected by inability to comprehend questions, follow instructions, use words correctly, or name objects; use of nonsense words)

a  b  c  d  e

(3) Recognize familiar objects and persons (deficits reflected by inability to recognize familiar faces, objects, etc.)

a  b  c  d  e

(4) Understand and appreciate quantities (deficits reflected by inability to perform simple calculations)

a  b  c  d  e

(5) Reason using abstract concepts. (deficits reflected by inability to grasp abstract aspects of his or her situation or to interpret idiomatic expressions or proverbs)

a  b  c  d  e

(6) Plan, organize, and carry out actions (assuming physical ability) in one's own rational self-interest (deficits reflected by inability to break complex tasks down into simple steps and carry them out)

a  b  c  d  e

(7) Reason logically.

a  b  c  d  e

**C. Thought disorders**

(1) Severely disorganized thinking (rambling thoughts; nonsensical, incoherent, or nonlinear thinking)

a  b  c  d  e

(2) Hallucinations (auditory, visual, olfactory)

a  b  c  d  e

(3) Delusions (demonstrably false belief maintained without or against reason or evidence)

a  b  c  d  e

(4) Uncontrollable or intrusive thoughts (unwanted compulsive thoughts, compulsive behavior).

a  b  c  d  e

(Continued on next page)

04/28/2015

CONSERVATORSHIP OF THE <input checked="" type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): ROBERTA JOAN MITCHELL <input checked="" type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE	CASE NUMBER: <b>BP162242</b>
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6. (continued)

D. Ability to modulate mood and affect. The (proposed) conservatee  has  does NOT have a pervasive and persistent or recurrent emotional state that appears inappropriate in degree to his or her circumstances. (If so, complete remainder of item 6D.)  I have no opinion.

(Instructions for item 6D: Check the degree of impairment of each inappropriate mood state (if any) as follows: a = mildly inappropriate; b = moderately inappropriate; c = severely inappropriate.)

Anger	a	<input type="checkbox"/>	b	<input type="checkbox"/>	c	<input type="checkbox"/>	Euphoria	a	<input type="checkbox"/>	b	<input type="checkbox"/>	c	<input type="checkbox"/>	Helplessness	a	<input type="checkbox"/>	b	<input type="checkbox"/>	c	<input type="checkbox"/>
Anxiety	a	<input type="checkbox"/>	b	<input type="checkbox"/>	c	<input type="checkbox"/>	Depression	a	<input type="checkbox"/>	b	<input type="checkbox"/>	c	<input type="checkbox"/>	Apathy	a	<input type="checkbox"/>	b	<input type="checkbox"/>	c	<input type="checkbox"/>
Fear	a	<input type="checkbox"/>	b	<input type="checkbox"/>	c	<input type="checkbox"/>	Hopelessness	a	<input type="checkbox"/>	b	<input type="checkbox"/>	c	<input type="checkbox"/>	Indifference	a	<input type="checkbox"/>	b	<input type="checkbox"/>	c	<input type="checkbox"/>
Panic	a	<input type="checkbox"/>	b	<input type="checkbox"/>	c	<input type="checkbox"/>	Despair	a	<input type="checkbox"/>	b	<input type="checkbox"/>	c	<input type="checkbox"/>							

E. The (proposed) conservatee's periods of impairment from the deficits indicated in items 6A-6D

- (1)  do NOT vary substantially in frequency, severity, or duration.  
 (2)  do vary substantially in frequency, severity, or duration (explain; continue on Attachment 6E if necessary):

F.  (Optional) Other information regarding my evaluation of the (proposed) conservatee's mental function (e.g., diagnosis, symptomatology, and other impressions) is  stated below  stated in Attachment 6F.

**ABILITY TO CONSENT TO MEDICAL TREATMENT**

7. Based on the information above, it is my opinion that the (proposed) conservatee

- a.  has the capacity to give informed consent to any form of medical treatment. The opinion is limited to medical consent capacity.  
 b.  lacks the capacity to give informed consent to any form of medical treatment because he or she is *either* (1) unable to respond knowingly and intelligently regarding medical treatment *or* (2) unable to participate in a treatment decision by means of a rational thought process, *or both*. The deficits in the mental functions described in item 6 above significantly impair the (proposed) conservatee's ability to understand and appreciate the consequences of medical decisions. This opinion is limited to medical consent capacity.

8. Number of pages attached: 0 (Declarant must initial here if item 7b applies: PV.)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 4-25-15  
Paul Vespa  
 (TYPE OR PRINT NAME)

[Signature]  
 (SIGNATURE OF DECLARANT)

04/29/2015