



Professional Fiduciaries Bureau

Post Office Box 989005
West Sacramento, CA 95798-9005
Telephone: (916) 574-7340 FAX (916) 574-8645
Website: www.fiduciary.ca.gov



ANNUAL STATEMENT LICENSED PROFESSIONAL FIDUCIARY

PF Lic# _____

Expiration Date _____

In addition to the other reporting responsibilities of a Licensed Professional Fiduciary, the Annual Statement must be completed in its entirety and filed with the Bureau at least 60 days prior to the expiration of the license. This requirement is a condition of license renewal. Furthermore, failure to file this report as required by law is cause for cite and fine or disciplinary action. Each Annual Statement filed shall report current information reflecting any changes since the date of the last report to the Bureau, as instructed below.

PART 1. PERSONAL/BUSINESS INFORMATION

NAME Last	First	Middle
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BUSINESS NAME OR AFFILIATION: (Optional)

TYPE OF FIDUCIARY: **Select all that apply**
 Conservator Guardian Trustee Agent Under Durable Power of Attorney Other: _____

BUSINESS ADDRESS: (Physical address)

Number and Street

City	State	Zip Code
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Business Telephone	Business FAX	E-mail (Optional)
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ADDRESS OF PUBLIC RECORD: (If different than above)

Number and Street

City	State	Zip Code
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HOME ADDRESS: (Physical address)

Number and Street

City	State	Zip Code
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Home Telephone	Home FAX	E-mail (Optional)
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Have you ever served in the United States Military? YES NO

PART 2. OTHER LICENSES/CERTIFICATES

Since the date of your last report to the Bureau, please indicate whether you have been issued a new license or professional certification in any state, territory, province, foreign country, or U.S. federal jurisdiction, or whether there have been any changes to the information you last reported. YES NO

If YES, provide the following information for each license or certificate: (Attach additional sheets as needed.)

Type	State/Country	
License/Certificate #	Date Issued (mm/dy/year)	Status

Has the license or certificate listed above ever been revoked, suspended, or subject to discipline?		<input type="checkbox"/> YES <input type="checkbox"/> NO
You may attach a statement of explanation.		Attached? <input type="checkbox"/> YES
Type		State/Country
License/Certificate #	Date Issued (mm/dy/year)	Status
Has the license or certificate listed above ever been revoked, suspended, or subject to discipline?		<input type="checkbox"/> YES <input type="checkbox"/> NO
You may attach a statement of explanation.		Attached? <input type="checkbox"/> YES

PART 3. CLIENT MATTERS

VALUE OF CLIENT ASSETS UNDER MANAGEMENT

Provide the aggregate dollar value of all assets currently under your supervision as a Licensed Professional Fiduciary: \$ _____

CURRENT CLIENT INFORMATION

SECTION 1. COURT APPOINTED: For all **new** conservatorships, guardianships, or trusts or other estate administration cases in which **you have been appointed by the court since the date of your last report to the Bureau** that you administer as the conservator (C), guardian (G), trustee (T) or personal representative (PR), provide the following information: (Attach additional sheets as needed.)

(C), (G), (T), PR)	Case Name (if applicable)	Case # (if applicable)	Date Appointed (mm/dy/year)	Court Location
(C), (G), (T), PR)	Case Name (if applicable)	Case # (if applicable)	Date Appointed (mm/dy/year)	Court Location
(C), (G), (T), PR)	Case Name (if applicable)	Case # (if applicable)	Date Appointed (mm/dy/year)	Court Location

SECTION 2. OTHER CLIENTS: For all **new** conservatorships, guardianships, or trusts or other estate administration cases **opened since the date of your last report to the Bureau** that you administer as the conservator (C), guardian (G), trustee (T) or personal representative (PR), provide the following information: (Attach additional sheets as needed.)

(C), (G), (T), PR)	Case Name (if applicable)	Case # (if applicable)	Date Opened (mm/dy/year)	Court Location
(C), (G), (T), PR)	Case Name (if applicable)	Case # (if applicable)	Date Opened (mm/dy/year)	Court Location
(C), (G), (T), PR)	Case Name (if applicable)	Case # (if applicable)	Date Opened (mm/dy/year)	Court Location

PREVIOUS CLIENTS

SECTION 1. CLOSED COURT CASES: For all conservatorships, guardianships, trusts, or other estate administration cases **appointed by the court that closed since the date of your last report to the Bureau** for which you served as the conservator (C), guardian (G), trustee (T) or personal representative (PR), provide the following information: (Attach additional sheets as needed.)

(C), (G), (T), PR)	Case Name (if applicable)	Case # (if applicable)	Date Closed (mm/dy/year)	Court Location
(C), (G), (T), PR)	Case Name (if applicable)	Case # (if applicable)	Date Closed (mm/dy/year)	Court Location
(C), (G), (T), PR)	Case Name (if applicable)	Case # (if applicable)	Date Closed (mm/dy/year)	Court Location

SECTION 2. OTHER CLOSED CASES: For all conservatorships, guardianships, trusts, or other estate administration cases that closed since the date of your last report to the Bureau for which you served as the conservator (C), guardian (G), trustee (T) or personal representative (PR), provide the following information: (Attach additional sheets as needed.)				
(C), (G), (T), PR)	Case Name (if applicable)	Case # (if applicable)	Date Closed (mm/dy/year)	Court Location
(C), (G), (T), PR)	Case Name (if applicable)	Case # (if applicable)	Date Closed (mm/dy/year)	Court Location
(C), (G), (T), PR)	Case Name (if applicable)	Case # (if applicable)	Date Closed (mm/dy/year)	Court Location

PART 4. BUSINESS MATTERS

SECTION 1. BUSINESS INTERESTS

1. Do you or a family member hold any ownership or beneficial interest in any business or other enterprise that receives or has received payments from a client of yours since the date of your last report to the Bureau? YES NO

If YES, list the names of the applicable businesses or other enterprises and the names of your respective clients. (Attach additional sheets as needed.)

Business/Enterprise	Client Name(s)	Date Payment Received
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You **may** attach a statement of explanation. Attached? YES

Business/Enterprise	Client Name(s)	Date Payment Received
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You **may** attach a statement of explanation. Attached? YES

Business/Enterprise	Client Name(s)	Date Payment Received
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You **may** attach a statement of explanation. Attached? YES

2. List the names of any persons or entities that have an interest in your professional fiduciary business. (Attach additional sheets as needed.)

Person/Entity

You **may** attach a statement of explanation. Attached? YES

Person/Entity

You **may** attach a statement of explanation. Attached? YES

Person/Entity

You **may** attach a statement of explanation. Attached? YES

SECTION 2. BANKRUPTCY

Information reported herein shall reflect any bankruptcy filed after the date of your last report to the Bureau.

Have you filed for bankruptcy or held a controlling financial interest in a business when that business filed for bankruptcy? YES Date: _____ NO

You **may** attach a statement of explanation. Attached? YES

PART 5. FIDUCIARY ACTIONS

FIDUCIARY ACTIONS

SECTION 1. BREACH OF FIDUCIARY DUTY

Since the date of your last report to the Bureau, have you been found by a court to have breached a fiduciary duty? YES NO

If YES, provide the following data associated with the breach of fiduciary duty for each specific case: (Attach additional sheets as needed.)				
Case Name	Case #	Court Location	Date of Breach (mm/dy/year)	
You must provide copies of the court findings and orders related to this case.			Attached? <input type="checkbox"/> YES	
You may attach a statement of the issues and facts pertaining to this case.			Attached? <input type="checkbox"/> YES	
Case Name	Case #	Court Location	Date of Breach (mm/dy/year)	
You must provide copies of the court findings and orders related to this case.			Attached? <input type="checkbox"/> YES	
You may attach a statement of the issues and facts pertaining to this case.			Attached? <input type="checkbox"/> YES	
SECTION 2. REMOVAL				
Since the date of your last report to the Bureau, have you been removed as a fiduciary by a court for breach of trust?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, provide the following data associated with the removal for each specific case: (Attach additional sheets as needed.)				
Case Name	Case #	Court Location	Date of Removal (mm/dy/year)	
You must provide copies of the court findings and orders related to this case.			Attached? <input type="checkbox"/> YES	
Is there a pending appeal on your removal?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Have all related appeals been taken?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Has the time for appeal expired?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
You may provide a statement of the issue and facts pertaining to this case.			Attached? <input type="checkbox"/> YES	
Case Name	Case #	Court Location	Date of Removal (mm/dy/year)	
You must provide copies of the court findings and orders related to this case.			Attached? <input type="checkbox"/> YES	
Is there a pending appeal on your removal?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Have all related appeals been taken?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Has the time for appeal expired?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
You may provide a statement of the issue and facts pertaining to this case.			Attached? <input type="checkbox"/> YES	
SECTION 3. RESIGNATION				
Since the date of your last report to the Bureau, have you resigned as a fiduciary in a matter in which a complaint* has been filed with the court?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, provide the following data associated with the resignation for each specific case: (Attach additional sheets as needed.)				
Case Name	Case #	Court Location	Date Complaint Filed	Date of Resignation (mm/dy/year)
You must provide a statement of the issues and facts pertaining to the allegations for this case.			Attached? <input type="checkbox"/> YES	
You must provide copies of the court findings and orders relating to this case.			Attached? <input type="checkbox"/> YES	
Case Name	Case #	Court Location	Date Complaint Filed	Date of Resignation (mm/dy/year)
You must provide a statement of the issues and facts pertaining to the allegations for this case.			Attached? <input type="checkbox"/> YES	

You must provide copies of the court findings and orders relating to this case.			Attached? <input type="checkbox"/> YES
SECTION 4. SETTLEMENT			
Since the date of your last report to the Bureau, have you settled as a fiduciary in a matter in which a complaint* has been filed with the court?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, provide the following data associated with the settlement for each specific case: (Attach additional sheets as needed.)			
Case Name	Case #	Court Location	Date of Settlement (mm/dy/year)
You must provide a statement of the issues and facts pertaining to the allegations for this case.			Attached? <input type="checkbox"/> YES
You must provide copies of the court findings and orders relating to this case.			Attached? <input type="checkbox"/> YES
Case Name	Case #	Court Location	Date of Settlement (mm/dy/year)
You must provide a statement of the issues and facts pertaining to the allegations for this case.			Attached? <input type="checkbox"/> YES
You must provide copies of the court findings and orders relating to this case.			Attached? <input type="checkbox"/> YES
PART 6. AFFIDAVIT			
Please read and sign the following:			
I, _____, hereby certify under penalty of perjury under the laws of the State of California to the truth and accuracy of all statements, answers, and representations made in this initial reporting document, including all supplementary statements.			
Signature of Applicant		Date	

*A complaint means a civil complaint, a petition, motion, objection, or other pleading filed with the court against the licensee alleging the licensee has not properly performed the duties of a fiduciary.

NOTICE: Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the Bureau. You are obligated to pay your State tax obligation and your license may be suspended if the State tax obligation is not paid.