

December 27, 2021

The Honorable Mark Stone
P.O. Box 942849
Sacramento, CA 94249-0029

Dear Assembly Member Stone:

I am reaching out to you as Chair of the Assembly Judiciary Committee since you will be integral in shaping upcoming legislation and oversight related to conservatorships and the Master Plan on Aging. The Judiciary Committee should also be aware of issues related to In Pro Per petitioners who are routinely denied equal access to the justice system, despite statutory requirements for affirmative assistance from the courts.

For the sake of full disclosure, I am currently the Legislative Analyst for the Humboldt County Department of Health and Human Services. I have worked for DHHS over 20 years now with much of that in child welfare clerical and as the Social Services Director's Analyst. I do NOT represent my department in this matter – **I am reaching out to you as the daughter of an Alzheimer's patient and my experiences are definitely not unique.**

For a super-short background (that I would love to expand on if you have the time) – my mom, Barbara L. Keller has Alzheimer's that we have seen coming on for years now. Her short-term memory is gone at this point and her medical provider (Open Door Community Health in Fortuna) signed the court forms required to declare a person legally incapacitated (GC-335 and GC-335A) in July of this year. What the family didn't see coming was her fifth husband (Ronald W. Keller) also losing his mental capacity quietly in the background – the extent of his paranoid delusions only became apparent too late. The pandemic has absolutely contributed to the rapid decline of both Mom and Ron which is a common story that we're seeing everywhere unfortunately.

My mom and Ron both have long-standing wills and a living trust which designated myself and/or my brother (Tim Jenkins) as their caretakers if and when the need arises. The need had certainly arrived and I applied for a conservatorship in June 2021 with my brother's full support. We had a stack of documentation such as the will and the trust so the conservatorship application should have been relatively straight forward and expeditious. I am doing this In Pro Per for the conservatorship petition but I am fluent in bureaucracy and paperwork which makes me a little better prepared for the process than the average family that also can't afford a high-priced attorney – nor should they have to.

The court investigator involved in my petition issued her report supporting the conservatorship and recommending the Judge assign council to represent my mom and protect the civil rights of

an Alzheimer's patient. The Judge never did that for some reason – no council has been assigned for my mom which should be standard practice for the proposed conservatee. Ron's family (previously totally unknown people) came forward represented by a local prominent attorney who specializes in elder financial fraud cases – Chris Johnson Hamer of Stokes, Hamer, Kird, & Eads, LLP. Attorney Hamer produced a fraudulent capacity declaration (attached) along with a legal form she had my mom sign on August 25th (same attachment) that gave the conservatorship to this previously unknown nephew of her fifth husband – despite my mom having been declared legally incapacitated back in July. Judge Timothy A. Canning of the Humboldt County Superior Court – who had refused to assign council to represent my mom – gave the conservatorship to the unknown family members in direct opposition to the declared wishes of my mom from her will and her living trust. It is inexplicable and I am pursuing any avenues available to me to oppose this however I am In Pro Per and the court has so far refused to take any official notice of the will or the living trust or any of the other documentation that I have provided. In Pro Per is simply ignored (treated as bothersome) and there is no affordable legal assistance that is practically available to families. Legal aid groups are great and they do good work but they are overburdened, underfunded and frankly these types of conservatorships aren't a priority for anyone except to the families.

However, this letter is NOT asking for your help with this individual case. What I am asking you for is to help all of the families like ours that are trying to do the right thing and help our loved ones but the courts and attorneys are operating to block equal access to the justice system for the unrepresented. There are statutes on the books that require affirmative assistance by the court for In Pro Per parties but they are routinely ignored without regard for any repercussions. After all, what is an unrepresented person going to do about it?

There is also the issue of no enforcement mechanism for the Elder Financial Fraud statutes that are on the books already. I have discovered that there is no agency or department that oversees this enforcement – it is left to the individuals and families to try and find assistance through the court system. If the court refuses to protect the vulnerable then who will do it? I have contacted the State Attorney General's office for Elder Fraud but was told they are only interested in Medi-Cal fraud or nursing home abuse – they had no other office to direct me to so I could file a report.

I would also draw your attention to the attachment which is the fraudulent Judicial Council form that was completed and signed by a Nurse Practitioner (NP) solely despite their not having signature authority without a countersignature by a physician or a psychologist. The recent passage of AB 890 (Wood) last year, which created an avenue for NP's to apply to the state (starting in 2023) for an expanded scope of practice, laid bare the strict regulations governing NP's and limitations over their current scope of practice. California has some of the strictest regulations over the authority of Nurse Practitioners in the country. The attorney

altered the Judicial Council form to add a box for “Nurse Practitioner” as having independent signature authority and they submitted this to the court who accepted it without question - despite my having pointed all of this out in my filings.

The day long conservatorship hearing that you recently chaired included some limited testimony of the family experience but there simply wasn't enough time in the day to include all of the issues that families are facing if they can't afford an attorney. The system is not designed to help families navigate it – it is instead a wall that they must find a way to climb. Couple this with a court system that literally ignores In Pro Per petitioners and the state has created a system that effectively prevents families from caring for their loved ones unless they have the means to hire an attorney.

The development of the Master Plan for Aging (MPA) in California is an opportunity to make real changes that will dramatically help the lives of Californians – both the elderly and their families. I am watching the Justice in Aging committee closely and will be looking for opportunities to provide information on what the legal system looks like for the individual and their families. This needs to be a core component of the MPA – families are the best resource available for their loved ones and it is mutually beneficial for the state to make that possible. As you know, there are not enough care providers or beds available to provide care for the number of Californian's who need it now and those numbers are only getting worse. The state cannot succeed with the goals of the Master Plan for Aging without relying heavily on the families and loved ones of vulnerable adults.

I would like the opportunity to work with you and other members of the legislature to make meaningful changes for the benefit of everyone and not just those with the financial means to manipulate the legal system to their benefit. I look forward to speaking with you and/or your staff to provide any and all information that I can to assist you going forward. We all have parents and loved ones who will need care at some point.

Regards,



Sharon L. Wolff

3 Painter St.

Rio Dell, CA 95562

(707) 599-9961

Sharon@riodelltimes.com

Cc: Assembly Judiciary Committee

ATTORNEY OR PARTY WITHOUT ATTORNEY STATE BAR NUMBER: NAME: Chris Johnson Hamer (SBN 105752) FIRM NAME: STOKES, HAMER, KIRK & EADS, LLP STREET ADDRESS: 381 Bayside Road, Ste. A CITY: Arcata STATE: CA ZIP CODE: 95521 TELEPHONE NO.: 707-822-1771 FAX NO.: 707-822-1901 E-MAIL ADDRESS: chris@shkklaw.com ATTORNEY FOR (name): ROYCE MENDONCA, Petitioner	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF HUMBOLDT STREET ADDRESS: 825 Fifth Street MAILING ADDRESS: CITY AND ZIP CODE: Eureka, CA 95501 BRANCH NAME:	
CONSERVATORSHIP OF THE <input checked="" type="checkbox"/> PERSON <input checked="" type="checkbox"/> ESTATE OF (Name): BARBARA LYNN KELLER <input checked="" type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE	
CAPACITY DECLARATION-CONSERVATORSHIP "BY FAX"	CASE NUMBER: PR2100162
TO PHYSICIAN, PSYCHOLOGIST, OR RELIGIOUS HEALING PRACTITIONER The purpose of this form is to enable the court to determine whether the (proposed) conservatee (check all that apply): A. <input 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): _____ . (Complete item 5, then sign and file page 1 of this form.) B. <input 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 checked="" type="checkbox"/> has a major neurocognitive disorder (such as 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 medication for the treatment of major neurocognitive disorders (including dementia). (Complete items 6 and 8 of this form and complete form GC-335A; sign and attach form GC-335A. File pages 1 through 3 of this form and file form GC-335A.) (If more than one item is checked above, sign the last applicable page of this form or, if item C is checked, form GC-335A. File page 1 through the last applicable page of this form; if item C is checked, file form GC-335A as well.) COMPLETE ITEMS 1-4 OF THIS FORM IN EVERY CASE.	

GENERAL INFORMATION

1. (Name): **Heather Allen, NP Iris Health Medical Group**
2. (Office address and telephone number): **520 9th St Ste 240, Sacramento, CA 95814 (916) 231-4747**
3. I am
 - a. a California-licensed physician psychologist acting within the scope of my license **Nurse Practitioner**
 with at least two years' experience in diagnosing and treating major neurocognitive disorders (including dementia).
 - b. an accredited practitioner of a religion that calls for reliance on prayer alone for healing. The (proposed) conservatee is an adherent of my religion and is under my care. (Practitioner may make ONLY the determination in item 5.)
4. (Proposed) conservatee (name): **BARBARA LYNN KELLER**
 - a. I last saw the (proposed) conservatee on (date): **08/16/2021**
 - b. The (proposed) conservatee is is NOT a patient under my continuing treatment and care.

ABILITY TO ATTEND COURT HEARING

5. 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.)
 - a. The proposed conservatee is able to attend the court hearing.
 - b. Because of medical inability, the proposed conservatee is NOT able to attend the court hearing (check all items below that apply)
 - (1) on the date set (see date in box in item A above).
 - (2) for the foreseeable future.
 - (3) until (date): _____
 - (4) **Supporting facts (State facts in the space below or check this box and state the facts in Attachment 5.)**
 Alzheimers Disease, Neurocognitive disability

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

Date: **08/24/2021** **Heather Allen NP**

Handwritten Signature

(TYPE OR PRINT NAME)

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CONSERVATORSHIP OF THE PERSON ESTATE OF (Name):
 BARBARA LYNN KELLER
 CONSERVATEE PROPOSED CONSERVATEE

CASE NUMBER:
 PR2100162

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)

CONSERVATORSHIP OF THE <input checked="" type="checkbox"/> PERSON <input checked="" type="checkbox"/> ESTATE OF (Name): BARBARA LYNN KELLER <input checked="" type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE	CASE NUMBER: PR2100162
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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. This 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.

(Declarant must initial here if item 7b applies: _____.)


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8. Number of pages attached: 0

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

Date:

08/24/2021

Heather Allen NP


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(TYPE OR PRINT NAME)

CONSERVATORSHIP OF THE BARBARA LYNN KELLER	<input checked="" type="checkbox"/> PERSON <input checked="" type="checkbox"/> ESTATE OF (Name):	CASE NUMBER: PR2100162
<input checked="" type="checkbox"/> CONSERVATEE	<input type="checkbox"/> PROPOSED CONSERVATEE	

**ATTACHMENT TO FORM GC-335, CAPACITY DECLARATION-CONSERVATORSHIP,
ONLY FOR (PROPOSED) CONSERVATEE WITH A MAJOR NEUROCOGNITIVE DISORDER**

9. It is my opinion that the (proposed) conservatee HAS does NOT have a major neurocognitive disorder (such as dementia) as defined in the current edition of *Diagnostic and Statistical Manual of Mental Disorders*.
- a. **Placement of (proposed) conservatee.** (If the (proposed) conservatee requires placement in a secured-perimeter residential care facility for the elderly, please complete items 9a(1)-9a(5).)
- (1) The (proposed) conservatee needs or would benefit from placement in a restricted and secure facility because (state reasons; continue on Attachment 9a(1) if necessary):
- She is a flight risk and doesn't have the cognitive ability to comprehend the dangers she may encounter. She doesn't have the cognitive ability to verbalize personal information ensuring she could return to residence.
- (2) The (proposed) conservatee's mental function deficits, based on my assessment in item 6 of form GC-335, include (describe; continue on Attachment 9a(2) if necessary):
- Cognitive dysfunction with disturbance of executive function. Short term memory impairment, inability to perform ADL's safely.
- (3) The (proposed) conservatee HAS capacity to give informed consent to this placement.
- (4) The (proposed) conservatee does NOT have the capacity to give informed consent to this placement. The deficits in mental function assessed in item 6 of form GC-335 and described in item 9a(2) above significantly impair the (proposed) conservatee's ability to understand and appreciate the consequences of giving consent to placement in a restricted and secure environment.
- (5) A locked or secured-perimeter facility is is NOT the least restrictive environment appropriate to the needs of the (proposed) conservatee.
- b. **Administration of medications.** (If the (proposed) conservatee requires administration of medications appropriate to the care and treatment of major neurocognitive disorders (including dementia), please complete items 9b(1)-9b(5).)
- (1) For the reasons stated in item 9b(5), the (proposed) conservatee needs or would benefit from the following medications appropriate to the care and treatment of major neurocognitive disorders (including dementia) (list medications; continue on Attachment 9b(1) if necessary): Aricept 5mg po titrated to therapeutic dose. Pt may need additional medications if additional behavioral issues arise
- (2) The (proposed) conservatee's mental function deficits, based on my assessment in item 6 of form GC-335, include (describe; continue on Attachment 9b(2) if necessary):
- neurocognitive deficit and disturbance in executive function. Pt is unable to plan, initiate, and sequence complex behavior. No ability to think abstractly. Limited short term memory with limited call of recent events or information.
- (3) The (proposed) conservatee HAS the capacity to give informed consent to the administration of medications appropriate to the care and treatment of major neurocognitive disorders (including dementia).
- (4) The (proposed) conservatee does NOT have the capacity to give informed consent to the administration of medications appropriate to the care and treatment of major neurocognitive disorders (including dementia). The deficits in mental function assessed in item 6 of form GC-335 and described in item 9b(2) above significantly impair the (proposed) conservatee's ability to understand and appreciate the consequences of giving consent to the administration of medications for the care and treatment of major neurocognitive disorders (including dementia).
- (5) The (proposed) conservatee needs or would benefit from the administration of the medications listed in item 9b(1) because (discuss reasons; continue on Attachment 9b(5) if necessary):
- Aricept helps to slow dementia by improving the function of the brain cells by preventing the breakdown of acetylcholine. Medications to decrease disruptive or dangerous behaviors may be beneficial for patient safety

10. Number of pages attached: 0

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

Date: 08/24/2021

Heather Allen NP

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08/24/2021 19:49:56 (EST) TIME OF DECLARANT

Page 1 of 1

1 Chris Johnson Hamer
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5 Attorneys for Petitioner,
6 ROYCE MENDONCA

7
8 SUPERIOR COURT FOR THE STATE OF CALIFORNIA
9 COUNTY OF HUMBOLDT

10
11 In re the Conservatorship of) CASE NO: PR2100162
the Estate of:)
12)
13 BARBARA LYNN KELLER.) NOMINATION BY CONSERVATEE OF
14) ROYCE MENDONCA AS THE
15) CONSERVATOR OF HER PERSON AND
16) ESTATE
17)

18
19 I, BARBARA LYNN KELLER, hereby nominate my nephew, ROYCE
20 MENDONCA, as the conservator of my person and estate, and I
21 hereby consent to a conservatorship over my person and estate.

22
23 DATED: August 25, 2021 *Barbara Lynn Keller*
BARBARA LYNN KELLER

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27 Attachment 3c(1)