

ATTORNEY OR PARTY WITHOUT ATTORNEY 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 This is another fraudulent Capacity Declaration signed by Nurse Heather Allen after only seeing the individual twice and having no medical history records to inform treatment. Who altered the Judicial Council form?
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): RONALD WAYNE KELLER <input checked="" type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE	
CAPACITY DECLARATION-CONSERVATORSHIP "By FAX"	CASE NUMBER: PR2100161

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. 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. 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. 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

- (Name): Heather Allen, NP Iris Health Medical Group
- (Office address and telephone number): 520 9th Street, Suite 240, Sacramento, CA 95814 (916) 231-4747
- I am **Adding a box to a Judicial Council form is still fraudulent**
 - 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).
 - 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.)
- (Proposed) conservatee (name): **RONALD WAYNE KELLER** **Nurse Allen only saw Ronald twice (8/16 & 8/20) before signing this form - scroll down to see her letter confirming**
 - I last saw the (proposed) conservatee on (date): **08/20/2021**
 - The (proposed) conservatee is is NOT a patient under my continuing treatment and care.

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). **Why? Ron has attended the hearings with no problem - what medical inability is the nurse who just met him referring to?**
 - for the foreseeable future.
 - 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: **08/25/2021** **Heather Allen NP**


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 08/25/2021 16:56:10 (SIGNATURE OF DECLARANT)

CONSERVATORSHIP OF THE <input checked="" type="checkbox"/> PERSON <input checked="" type="checkbox"/> ESTATE OF (Name): RONALD WAYNE KELLER <input checked="" type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE	CASE NUMBER: PR2100161
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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)

Seriously? Not according to every qualified professional who has evaluated Ronald to date...

CONSERVATORSHIP OF THE <input checked="" type="checkbox"/> PERSON <input checked="" type="checkbox"/> ESTATE OF (Name): RONALD WAYNE KELLER <input checked="" type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE	CASE NUMBER: PR2100161
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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):

Keep scrolling down, there's more...

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: _____)

8. Number of pages attached: 0


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

Date:

08/25/2021

Heather Allen NP

(TYPE OR PRINT NAME)



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CONSERVATORSHIP OF THE RONALD WAYNE KELLER	<input checked="" type="checkbox"/> PERSON <input checked="" type="checkbox"/> ESTATE OF (Name):	CASE NUMBER: PR2100161
	<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):
Severe neurocognitive impairment making him a danger to himself. Unable to communicate simple thought such as where he resides or remember what task he was performing
- (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):
Neurocognitive impairment and disruption of executive function
- (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 5 mg titrated to therapeutic dose
Namenda 5mg titrated to therapeutic dose
- (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 disruption of executive function. Inability to perform complex tasks, lack of abstract thinking. Limited short term memory with minimal ability to recall recent information. Inability to follow simple instructions. Inability to perform simple calculations.
- (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 and namenda slow the progression of dementia by improving the function of the nerves within the brain by decreasing the breakdown of acetylcholine. These medications may improve memory and the ability to perform daily tasks, therefore improving quality of life

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: 08/25/2021

Heather Allen NP

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HEATHER ALLEN NP

Page 1 of 1

Iris might want to know that Roland Royce Mendonca, Jr. and Attorney Hamer have already thrown them under the bus - "Royce stated he and his attorney were informed by Iris Medical Group that Nurse Practitioner Allen has the legal authority to fill the capacity declaration out." - Amended Court Investigation Report. So Iris, WHO ALTERED THE JUDICIAL COUNCIL FORM?



Undated of course

Attn:
Chris Hamer
Stokes, Hamer, Kirk & Eads, LLP
381 Bayside Road, Suite A
Arcata, CA 95521

Ok, Mr. Hamer is just funny. You should know who you are signing fraudulent papers for, Nurse Allen

Subject: Conservatorship for Barbara & Ronald Keller

Heather Allen saw Barbara and Ronald TWICE (8/16 & 8/20) before being willing to sign the fraudulent capacity declarations on 8/24 & 8/25. She also has never had any medical history records for either of them before doing this. How many others are out there like this?

Dear Mr. Hamer:

I have had to privilege of seeing both Barbara Keller, DOB 12/08/1943, and her husband, Ronald Keller, DOB 08/28/1940, on 08/16/2021 and 08/20/2021 respectively in the capacity as a primary care provider. It is my medical opinion that the two should not be separated but should both be placed in a locked perimeter memory care facility that allows dementia medication to be administered as both have Alzheimer's.

Separating Barbara and Ronald will only further complicate and expedite the progression of their disease. Studies have shown that forced separation creates psychological trauma such as anger and aggression, greater sense of fear, and problems eating and sleeping. Separating them will only be heightened in their state ultimately shortening their life expectancy. While we understand the disease process, neither are progressed so far as to not knowing who the other is. They still seek out each other's company for reassurance and support. It is in the best interest of my patients that they stay together in a facility that can take care of them.

Thank you,

No signature?

Heather Allen, FNP-C

Iris Health Medical Group