

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: <b>Chris Johnson Hamer (SBN 105752)</b> FIRM NAME: <b>STOKES, HAMER, KIRK &amp; EADS, LLP</b> STREET ADDRESS: <b>381 Bayside Road, Ste. A</b> CITY: <b>Arcata</b> STATE: <b>CA</b> ZIP CODE: <b>95521</b> TELEPHONE NO.: <b>707-822-1771</b> FAX NO.: <b>707-822-1901</b> E-MAIL ADDRESS: <b>chris@shkklaw.com</b> ATTORNEY FOR (name): <b>ROYCE MENDONCA, Petitioner</b>	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF HUMBOLDT</b> STREET ADDRESS: <b>825 Fifth Street</b> MAILING ADDRESS: CITY AND ZIP CODE: <b>Eureka, CA 95501</b> BRANCH NAME:	
CONSERVATORSHIP OF THE <input checked="" type="checkbox"/> PERSON <input checked="" type="checkbox"/> ESTATE OF (Name): <b>BARBARA LYNN KELLER</b> <input checked="" type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE	
<b>CAPACITY DECLARATION-CONSERVATORSHIP "BY FAX"</b>	
CASE NUMBER: <b>PR2100162</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 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.) <b>COMPLETE ITEMS 1-4 OF THIS FORM IN EVERY CASE.</b>	

## 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**

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 08/24/2021 19:41:51 (SIGNATURE OF DECLARANT)

Page 1 of 3

CONSERVATORSHIP OF THE ☒ PERSON ☒ ESTATE OF (Name):

BARBARA LYNN KELLER

CASE NUMBER:

PR2100162

☒ CONSERVATEE ☐ PROPOSED CONSERVATEE**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 ☐ Persona ☐ 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: \_\_\_\_\_.)

8. Number of pages attached: 0

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08/24/2021 19:41:51 UTC

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

(TYPE OR PRINT NAME)

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08/24/2021 19:41:51 UTC

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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**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 19:49:59 (EST) OF DECLARANT

Page 1 of 1



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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

24  
25  
26  
27 Attachment 3c(1)  
28