

- detained or otherwise unable to return to the United States. State the relevant circumstances, including the time and nature of detention or inability to return and a description of any search or inquiry concerning the person's whereabouts:

AND

- Respondent has property which will be wasted or dissipated unless proper management is provided;

AND/OR

- Respondent or persons entitled to Respondent's support require money for support, care, and welfare, and protection is necessary or desirable to obtain or provide money.

8. Respondent is is not alleged to be Intellectually Disabled.

9. List Respondent's:

- A. Spouse and Children. If none, list parents and brothers and sisters or, if none, list heirs apparent or presumptive. E. Health Care Agent;
- B. Current Guardian in the Commonwealth or elsewhere; F. Durable Power of Attorney/Agent;
- C. Nominated Guardian in the Commonwealth or elsewhere; G. Representative Payee; and/or
- D. Current Conservator in the Commonwealth or elsewhere; H. Caretaker in the last 60 days.

Name	Primary Address	Primary Phone	Relationship (Check all that apply)	Indicate if this person is:
Ginette Harrelson	Marian Manor Nursing Home 130 Dorchester St. Boston, MA 02127	617-268-3333	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Guardian <input type="checkbox"/> Nominated Guardian <input type="checkbox"/> Conservator <input checked="" type="checkbox"/> Relative: <u>mother</u> (relationship)	<input type="checkbox"/> Minor <input type="checkbox"/> Incompetent
John M. Harrelson	332-B Cross Green Street Gaithersburg, MD 20878	240-372-4496	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Guardian <input type="checkbox"/> Nominated Guardian <input type="checkbox"/> Conservator <input checked="" type="checkbox"/> Relative: <u>brother</u> (relationship)	<input type="checkbox"/> Minor <input type="checkbox"/> Incompetent
Ashley J. Gardner	17501 Country View Way Ashton, MD 20861	301-774-0066	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Guardian <input type="checkbox"/> Nominated Guardian <input type="checkbox"/> Conservator <input checked="" type="checkbox"/> Relative: <u>sister</u> (relationship)	<input type="checkbox"/> Minor <input type="checkbox"/> Incompetent

10. Does the Respondent have, in the Commonwealth or elsewhere:		If yes, a copy of the document is:	Information/Explanation: (if a Petition has been filed but not allowed, please list Court and Docket Number of pending case)
A current Guardian?	<input type="checkbox"/> Yes and the person's information is listed at Q.9 <input checked="" type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Attached <input type="checkbox"/> Unavailable	
A document nominating a Guardian?	<input type="checkbox"/> Yes and the person's information is listed at Q.9 <input checked="" type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Attached <input type="checkbox"/> Unavailable	
A current Conservator?	<input type="checkbox"/> Yes and the person's information is listed at Q.9 <input checked="" type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Attached <input type="checkbox"/> Unavailable	
A Representative Payee?	<input type="checkbox"/> Yes and the person's information is listed at Q.9 <input checked="" type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Attached <input type="checkbox"/> Unavailable	
A Health Care Agent?	<input type="checkbox"/> Yes and the person's information is listed at Q.9 <input checked="" type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Attached <input type="checkbox"/> Unavailable	
A Durable Power of Attorney/Agent?	<input type="checkbox"/> Yes and the person's information is listed at Q.9 <input checked="" type="checkbox"/> No <input type="checkbox"/> Uncertain	<input type="checkbox"/> Attached <input type="checkbox"/> Unavailable	

11. Respondent:

Does does not have a Representative Payee, Trustee or Custodian of a Trust of Custodianship in the Commonwealth or elsewhere or Uncertain.

Information about the Representative Payee, Trustee or Custodian of a Trust of Custodianship:

Name: _____
First Name M.I. Last Name

(Address Line 1) (Apt, Unit, No., etc.) (City/Town) (State) (Zip)

Primary Phone #: _____

An attachment to this petition provides additional information.

12. Respondent: is is not entitled to benefits from the Department of Veterans Affairs or Uncertain.

13. Does Respondent have any assets, e.g., bank accounts, property? Yes No Uncertain.

If Yes, identify:

Description of Assets, e.g. Bank Accounts, Property, Insurance, Pensions DO NOT INCLUDE NAMES OF INSTITUTIONS OR ACCOUNT NUMBERS	Estimated Value of Property
Real Estate	\$520,900.00
Bank Accounts	unknown
Total	\$520,900.00

An attachment to this petition provides additional information.

14. Does the Respondent have any anticipated income? Yes No Uncertain.

If Yes, identify:

Description of Income, e.g. Social Security, Interest DO NOT INCLUDE NAMES OF INSTITUTIONS OR ACCOUNT NUMBERS	Amount of Anticipated Monthly Income or Receipts
Total	

An attachment to this petition provides additional information.

WHEREFORE, PETITIONER REQUESTS THAT THIS HONORABLE COURT:

Appoint _____
John M. Harrelson
First Name M.I. Last Name

_____ or
First Name M.I. Last Name

Some suitable person

as: Limited Conservator;
with limitations as follows:

Conservator;

Special Conservator to assist in the accomplishment of the protective arrangement or a single transaction below.

In addition, I request that the Court grant the following specific powers sought pursuant to G.L.c. 190B, §§ 5-407(c); 5-407(d)(1)-(7) (for which a substituted judgment must be made and Counsel appointed); 5-423 (8)-(13):

Authorize the following protective arrangement or single transaction:

Other:

SIGNED UNDER THE PENALTIES OF PERJURY

I affirm or swear under oath that I have read the foregoing Petition and that the statements set forth therein are true and correct to the best of my knowledge.

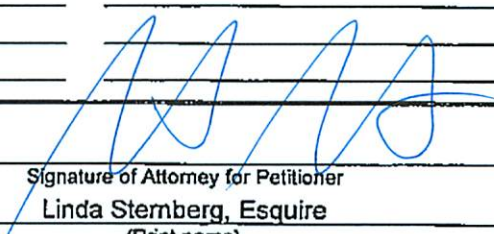
Date: September 14, 2022

Joan B Smith
Signature of Petitioner

I assent to the foregoing Petition:

	Print Name	Signature
Date	_____	_____
Date	_____	_____
Date	_____	_____
Date	_____	_____

Attorney for Petitioner:


Signature of Attorney for Petitioner
Linda Sternberg, Esquire
(Print name)

129 Spring Street _____
(Address) (Apt, Unit, No. etc)

Watertown MA 02472
(City/Town) (State) (Zip)

Primary Phone #: (617) 722-8300; attysternberg@sternberglaw.com

B.B.O. # 479710