01	TION FOR APPOINTME F CONSERVATOR FOR DISABLED PERSON	t	Docket No.	1	wealth of Mas The Trial Cou ate and Family	ırt
ORFC	DR SINGLE TRANSACT	IION				
in the interests o	ıf:			Suff	olk	_Division
Alexis			Aldamir			_
First name	Middle Name		Last Name	_[
Person to be Pro	tected/Respondent					
Protected Perso	never feasible, shall on's limitations and c the Protected Perso	lemonstrat	ed needs and v	will issue orders th	at will encou	
	out Respondent:					
Name:	Alexis				Aldamir	• · · · · · · · · · · · · · · · · · · ·
	First Name		M.I.		Last Name	
Primary Language:	☑ English □ Other			Primary Phone #:	(617) 312-	-3479
Date of Birth	12/22/1954	Age:	67	Gender:	Female	
Principal Residence:	838 East Broady	way	Apt. 3	Boston	MA	02127
	(Address)		Apt. 3 (Apt, Unit, No., etc.)	(City/Town)	(State)	(Zip)
Date Residence was	established: Sind	æ 1979				
Current Address: ☐ S	ame as Above or 🛭 th	e following a	ddress:			
	Tufts Medical Ce	nter 8	300 Washington St	Boston	MA	02111
•	(Address)		(Apt, Unit, No., etc.)	(City/Town)	(State)	(Zip)
If this appointment is r	nade, Respondent will re		incipal Residence	e □ Current Address	★ The following ★ The following	ng address:
•	SNF/Rehab Fac (Address)	inity	/Ant Unit No. etc.)	(City/Town)	(State)	(Zip)
if the residence and c the county:	urrent address are outsi					
•	(Address)		(Apt, Unit, No., etc.)	(City/Town)	(State)	(Zip)
2. Information abo	out the Petitioner:					
Name:	Joan			Sm	ith, LICSW	
	First Name		M.I.		ast Name	•
Tuf	s Medical Center	800 Washi		Boston	MA	02111
D Dh #-	(Address)	(Apt, Unit, I	•	(City/Town)	(State)	(Zip)
Primary Phone #:		-5135	Relations	hip to Respondent:	Clinical Socia	ii vvorker
	the appointment: seing Clinical Lead Soci this petition provides		•	•	at Tufts Medica	l Center.
Li Ali aliaoliniciit k	o and pention provides		on co-pendione	n(o).		

	□ to be appointed	☑ that some suitable	e person be appointe	ed 🛮 🖾 the following perso	on be appoint	ed:
Na	me:	John	M		Harrelson	
	200 D O	First Name	M.I.		Last Name	
		ross Green St Address)	(Apt, Unit, No., etc.)	Gaithersburg (City/Town)		20878 (Zīp)
Pri	mary Phone #:	•		ationship to Respondent:	Bro	= =
	An attachment to the	his petition provides ac	dditional informatio			
	Us ar she has priorit	h, af annaintment hassur	on the namines is:	None of the above. Pr		ervator is
	•	ly of appointment becaus	e nie noumies is.	Kesponde	nt's brother	
5.	This is a Petition fo					
	☐ The appointmen With limitations as for	nt of a Limited Conservate	or			
	with imitations as ic	Mows:				
		nt of a Conservator				
	State why a limited of	conservator is inappropri	ate:			
	the smell of gas fro Alzheimer's Dement	om her leaving the gas lia, and she is currently u	stove on with cont nable to receive, syr	I Center after the police we usion. She likely has a ne thesize and understand nevole to provide information ab	eurodegenera v information.	tive process of She is not able
	• • •	a protective arrangemen	·	·		
	• •	nt of a Special Conservat other authorized singled		complishment of the following	ng protective	
6.	of the filing of the p	dent is a minor, a Medic etition or, if Responden ving taken place within	t is alleged to be inf	with an examination having ellectually Disabled, a Clin ng of the petition:	g taken place ical Team Re	within 30 days port dated with
	is filed with this	Petition or is on file with	the Court (Docket No)); 0	R
	☐ is not filed with t	this Petition and is not or	n file with the Court.			
	file and present a mo	otion requesting that the (Court permit it to be fi	Petition, or on file with this (led late or waive the filing re- icate or Clinical Team Repo	quirement. Ar	affidavit must
7.	A conservator is n	ecessary and in the be	st interest of Respo	ndent because Responde	ent is:	
	a minor, OR					
	alleged disabled	i for reasons other than a	minority. A description	n of the nature and extent o	f the Respon	dent's
	alleged incapaci is described as		t recent Medical Cerl	ificate or Clinical Team Rep	ort filed with t	this Petition or

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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 \Box is \boxtimes is not alleged to be intellectually Disabled.

- 9. List Respondent's:
- Health Care Agent; шi A. Spouse and Children. If none, list parents and brothers and sisters or, if none, list heirs apparent or presumptive.

Durable Power of Attorney/Agent; Representative Payee; and/or

ır,

- Current Guardian in the Commonwealth or elsewhere; യ
- C. Nominated Guardian in the Commonwealth or elsewhere;
- Current Conservator in the Commonwealth or elsewhere; Ġ

C. Nominated Guardia	C. Nominated Guardian in the Commonwealth or elsewhere;	where;		G. Representative Payee; and/or	e; and/or
D. Current Conservato	Current Conservator in the Commonwealth or elsewhere;	where;		H. Caretaker in the last 60 days.	60 days.
Name	Primary Address	Primary Phone	R (Chec	Relationship (Check all that apply)	Indicate if this person is:
Ginette Harrelson	Marian Manor Nursing		esnods [Representative Payee	☐ Minor
	130 Dorchester St. Booton MA 02427		Child Guardian	☐ Health Care Proxy☐ Durable Power Holder	☐ Incompetent
		617-268-3333	Nominated Guardian	Had care & custody in the last	
			☐ Conservator	60 days.	
			X Relative:	mother (relationship)	
John M. Harrelson	332-B Cross Green Street		esnods 🗌	☐ Representative Payee	☐ Minor
	Gaithersburg, MD 20878		Child	Health Care Proxy	☐ Incompetent
			☐ Guardian	☐ Durable Power Holder	
		240-372-4496	☐ Nominated Guardian	Had care & custody in the last	
			Conservator	60 days.	
			X Relative:	brother	
				(relationship)	
Ashley J. Gardner	17501 Country View Way		esnods [Representative Payee	☐ Minor
	Ashton, MD 20861		Child	☐ Health Care Proxy	☐ Incompetent
			☐ Guardian	Durable Power Holder	
		301-774-0066	Nominated Guardian	Had care & custody in the last	
			Conservator	60 days.	
			X Relative:	Sister	
				(disconnect)	

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	Page	
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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?	Yes and the person's information is listed at Q.9NoUncertain	☐ Attached ☐ Unavailable	
A document nominating a Guardian?		☐ Attached ☐ Unavailable	
A current Conservator?	Yes and the person's information is listed at Q.9NoUncertain	☐ Attached ☐ Unavailable	
A Representative Payee?	☐ Yes and the person's information is listed at Q.9☒ No☐ Uncertain	☐ Attached ☐ Unavailable	
A Health Care Agent?	☐ Yes and the person's information is listed at Q.9☒ No☐ Uncertain	☐ Attached ☐ Unavailable	
A Durable Power of Attorney/Agent?	☐ Yes and the person's information is listed at Q.9☒ No☐ Uncertain	☐ Attached ☐ Unavailable	

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11. Respon				
	s 🗆 does not have a Representative		lian of a Trust of	Custodianship in the
	nwealth or elsewhere or Uncert			
	ion about the	ayee, U Trustee or U	Custodian of a	Trust of Custodianship:
Name:	First Name	M.I.	_	Last Name
	(Address Line 1)	(Apt, Unit, No., etc.)	(City/Town)	(Distance)
,	•	•	(CRY/16WR)	(State) (Zip)
	Primary Phone #: attachment to this petition provides			
	dent: 🗆 is 🗵 is not entitled to			mo Affaire on 🖂 November
		·		
	espondent have any assets, e.g., be	ank accounts, property?	⊠ Yes ⊔ N	lo 🗆 Uncertain.
if Yes, id		At December Incomes I		F-41
DO	ription of Assets, e.g. Bank Accour NOT INCLUDE NAMES OF INSTITU	TIONS OR ACCOUNT NU	Pensions MBERS	Estimated Value of Property
Real Estate				\$520,900.00
Bank Accou	nts			unknown
			Total	\$520,900.00
7 • • • • • • • • • • • • • • • • • • •		10.0		4020,000.00
	hment to this petition provides ad			
14. Does the	e Respondent have any anticipated	l income? Yes	No 🖾 Unc	ertain.
If Yes, id				
DO	Description of Income, e.g. S NOT INCLUDE NAMES OF INSTITU		MBERS	Amount of Anticipated Monthly Income or Receipts
· · · · · · · · · · · · · · · · · · ·				
				
			Total	
☐ An attac	chment to this petition provides ad	ditional information.		
WHEDEE	ORE, PETITIONER REQUESTS THA	TTUS HONODARI E CO	UDT.	
	•			_
Appoint	John First Name		Harrelso Last Nam	
	First Name		Last Nam	or .
,	Some suitable person	ATI. L.	rasi iyan	5
	er contre sultable beison			

MPC 130 (1/1/15)

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	as:		Limited Conservator;			
		wit	h limitations as follows:			
		\boxtimes	Conservator;			
			445	sist in the accomplishme	ent of the protec	tive arrangement or a single
			transaction below.			
						ought pursuant to G.L.c. 190B,
		5-4 }-(13		hich a substituted judgm	ent must be ma	de and Counsel appointed); 5-423
	٧,	1-1.0	·/·			
	A	utho	rize the following protectiv	e arrangement or single	transaction:	
	0	ther	:			
				D UNDER THE PENALTI		
			r under oath that I have read	the foregoing Petition and	that the stateme	nts set forth therein are true
and cor	rec		he best of my knowledge.		7	
Date:			September /4, 2022			an BSmith
						Signature of Petitioner
assen	t to	the f	oregoing Petition:			
				Print Name		Signature
						5
Date	_					
Date	_					
Date	_				A	A A A
Date	-				/	//-/
Attorno	ev f	or P	etitioner:			
	•					omey for Petitioner
						berg, Esquire
				129 Sr	oring Street	tialite;
				(A	ddress)	(Apt, Unit, No. etc)
					ertown	MA 02472
					/Town)	(State) (Zip)
				Primary Phone #:	(017) 722-83	00; attysternberg@sternberglaw.com
				B.B.O. #		479710