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GC-336 ATTORNEY OR PARTY WITHOUT ATTORNEY (Nome, State Bo. number, and address). CHRISTOPHER E. OVERGAARD CHRISTOPHER E. OVERGAARD, A LAW CORPORATION SBN 114330 411 North Central Avenue, Suite 510 Glendale, California 91203 THE PERMITS SUPPRIOR FOR EL TELEPHONE NO. (818) 545-9881 FAX NO. (aptiones): (818) 247-6828 DEC 0 1 2008 E-MAL ADDRESS (Oploms). CEOVERgaardGaol.com ATTORNEY FOR (Name): Sylvia Schmidt Milker of gentlike Coloring SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES Thors of Caballan STREET ADDRESS: 300 East Walnut Street BY ALANDA GALLERO, DEPUT MAILING ADDRESS: 300 East Walnut Street CITY AND EIP CODE: Pasadena, California BRANCH NAME. NORTHEAST DISTRICT 91101-1566 CONSERVATORSHIP OF THE X. PERSON X ESTATE OF (Name): Gextrude Gettinger CONSERVATEE X PROPOSED CONSERVATEE CASE NUMBER CAPACITY DECLARATION-CONSERVATORSHIP TO PHYSICIAN, PSYCHOLOGIST, OR RELIGIOUS HEALING PRACTITIONER The purpose of this form is to enable the court to determine whether the (proposed) conservates (check all that apply): X 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 sel for (date): December 8, 2006 . (Complete item 5, sign, and file page 1 of this form.) X 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. X has 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 dementia medications. (Complete Items 6 and 8 of this form and form GC-335A; sign and attach form GC-335A. File pages 1 through 3 of this form and form GC-335A.) Ill more than one item is checked above, sign the last applicable page of this form or form GC335A If Item C is checked. Fite page 1 through the last applicable page of this form; also file form GC-335A if item C is checked.) COMPLETE ITEMS 1-4 OF THIS FORM IN ALL CASES. GENERAL INFORMATION 1. (Name): Dr. Lawrence Tucker, M.D. 3625 Delamo Bhul. surve 120 (Office address and telephone number): Toglance, CA 3, 1 am a. California licensed physician psychologist acting within the scope of my licensure with at least two years' experience in diagnosing dementia. an accredited practitioner of a religion whose tenets and practices call for reliance on preyer elone for healing, which religion is adhered to by the (proposed) conservates. The (proposed) conservates is under my treatment. (Religious practitioner may make the determination under Item 5 ONLY.) 4. (Proposed) conservatee (name): a. I last saw the (proposed) conservatee on (date): 22 /30 o. The (proposed) conservates W is is NOT a patient under my continuing treatment. 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.) The proposed conservatee is able to attend the court hearing. b. Because of medical inability, the proposed conservates is NOT able to attend the court hearing (check all items below that gothe date set (see date in box in Item A above). (2) for the toreseeable future. (3) until (date): (4) Supporting facts (State facts in the space below or check this box and state the facts in Attachment 5). The proposal Conservator is in a postmatric Facility of lacks corporaty blue hogaines a lacked environment due to obelision labores I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct Date: 104/46 ISIGNATURE OF BECLARANTI TYPE OR PRINT NAME! Page 1 or CONSERVATORSHIP Form Adopted for Mandstory Use CAPACITY DECLARATION-Judicial Course of Collimnia GC-325 [Rev January 1, 2004]