

ATTORNEY OR PARTY WITHOUT ATTORNEY (*name, address, and ACBCI/State Bar number*): After recording return to:

TEL NO.: _____ FAX NO. (*optional*): _____

E-MAIL ADDRESS (*optional*): _____

ATTORNEY FOR (*name*): _____

AGUA CALIENTE BAND OF CAHUILLA INDIANS

TRIBAL COURT

STREET ADDRESS: 980 E. Tahquitz Canyon Way

CITY AND ZIP CODE: Palm Springs, CA 92262

FOR RECORDER'S USE ONLY

GUARDIANSHIP OF (*name*): _____ CASE NUMBER: _____

DEPENDENT ADULT

LETTERS OF GUARDIANSHIP

Person Estate OF DEPENDENT ADULT

FOR COURT USE ONLY

1. (*Name*): _____ is the appointed
 guardian
of (*name*): _____ of the person estate
2. (*Name*): _____
was appointed the guardian of the person estate by order dated
(*specify*): _____ and is now the guardian of the person
 estate of (*name*): _____
3. Other powers have been granted or conditions imposed as follows:
 - a. Exclusive authority to give consent for and to require the dependent adult to receive medical treatment that the guardian in good faith based on medical advice determines to be necessary even if the dependent adult objects, subject to the limitations stated in Probate Code section 2356.
 - (1) This treatment shall be performed by an accredited practitioner of the religion whose tenets and practices call for reliance on prayer alone for healing of which the dependent adult was an adherent prior to the establishment of the guardianship.
 - (2) (*If court order limits duration*) This medical authority terminates on (*date*): _____
 - b. Authority to place the dependent adult in a care or nursing facility described in Probate Code section 2356.5(b).
 - c. Authority to authorize the administration of medications appropriate for the care and treatment of dementia described in Probate Code section 2356.5(c).
 - d. Powers to be exercised independently are specified in Attachment 3d (*specify powers, restrictions, conditions, and limitations*).
 - e. Conditions relating to the care and custody of property are specified in Attachment 3e.
 - f. Conditions relating to the care, treatment, education, and welfare of the dependent adult are specified in Attachment 3f.
 - g. Other powers granted or conditions imposed are specified in Attachment 3g.

(SEAL)

4. The guardian is **not** authorized to take possession of money or any other property without a specific court order.
 5. Number of pages attached: _____
- WITNESS, clerk of the court, with seal of the court affixed.
Date: _____
Clerk, by _____, Deputy

LETTERS OF GUARDIANSHIP OF DEPENDENT ADULT

GUARDIANSHIP OF <i>(name)</i> :	CASE NUMBER:
DEPENDENT ADULT	

NOTICE TO INSTITUTIONS AND FINANCIAL INSTITUTIONS
(Probate Code sections 2890–2893)

When these *Letters of Guardianship* (Letters) are delivered to you as an employee or other representative of an *institution* or *financial institution* (described below) in order for the conservator of the estate (1) to take possession or control of an asset of the dependent adult named above held by your institution (including changing title, withdrawing all or any portion of the asset, or transferring all or any portion of the asset) or (2) to open or change the name of an account or a safe-deposit box in your financial institution to reflect the guardianship, you must fill out Judicial Council form GC-050 (for an institution) or form GC-051 (for a financial institution). An officer authorized by your institution or financial institution must date and sign the form, and you must file the completed form with the court. There is no filing fee for filing the form. You may either arrange for personal delivery of the form or mail it to the court for filing at the address given for the court on page 1 of these Letters.

The guardian should deliver a blank copy of the appropriate form to you with these Letters, but it is your institution’s or financial institution’s responsibility to complete the correct form, have an authorized officer sign it, and file the completed form with the court. If the correct form is not delivered with these Letters or is unavailable for any other reason, blank copies of the forms may be obtained from the court. The forms may also be accessed from the judicial branch’s public Web site free of charge. The Internet address (URL) is www.aguacaliente.org. Select the form group *Guardianships* and scroll down to form GC-050 for an institution or form GC-051 for a financial institution. The forms may be printed out as blank forms and filled in by typewriter or may be filled out online and printed out ready for signature and filing.

An *institution* under California Probate Code section 2890(c) is an insurance company, agent, or broker; an investment company; an investment bank; a securities broker-dealer; an investment advisor; a financial planner; a financial advisor; or any other person who takes, holds, or controls an asset subject to a guardianship other than a financial institution. Institutions must file a *Notice of Taking Possession or Control of an Asset of Minor or Dependent Adult* (form GC-050) for an asset of the dependent adult held by the institution. A single form may be filed for all affected assets held by the institution.

A *financial institution* under California Probate Code section 2892(b) is a bank, a trust, a savings and loan association, a savings bank, an industrial bank, or a credit union. Financial institutions must file a *Notice of Opening or Changing a Guardianship Account or Safe-Deposit Box* (form GC-051) for an account or a safe-deposit box held by the financial institution. A single form may be filed for all affected accounts or safe-deposit boxes held by the financial institution.

LETTERS OF GUARDIANSHIP
AFFIRMATION

I solemnly affirm that I will perform according to law the duties of _____ guardian

Executed on *(date)*: _____, at *(place)*: _____

_____ (TYPE OR PRINT NAME)	_____ (SIGNATURE OF APPOINTEE)
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CERTIFICATION

I certify that this document, including any attachments, is a correct copy of the original on file in my office, and that the Letters issued to the person appointed above have not been revoked, annulled, or set aside, and are still in full force and effect.

(SEAL)

Date: _____

Clerk, by _____, Deputy