

CONSERVATORSHIP CERTIFICATE

I, _____, hereby certify:

(1) I am licensed in the State of Mississippi as a

(check the one that applies)

physician

psychologist.

(2) On the date of _____, I personally examined
_____ (hereinafter "the examinee").

(3) The attached medical report, completed after my personal examination of the examinee, as to the medical condition of the examinee, contains the results of this examination and should be incorporated into this certificate.

(4) As a result of my examination of the examinee, I believe that by reason of

(check all that apply)

advanced age,

physical incapacity,

mental weakness,

the examinee is incompetent to properly care for the examinee's needs because the examinee

(check all that apply)

is substantially unable to provide food, clothing and shelter for the examinee,

is substantially unable to care for the examinee's own physical health,

is substantially unable to manage the examinee's estate

and it would be in the best interest of the examinee that a Conservator be appointed to have charge and management of the property of the examinee and also to have charge and custody of the examinee's person.

SO CERTIFIED, this the _____ day of _____, 20_____.

Physician / Psychologist