



PROFESSIONAL FIDUCIARIES BUREAU

# Professional Fiduciaries Bureau

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Sacramento, CA 95834

Phone: (916) 574-7340 Fax: (916) 574-8645

Website: [www.fiduciary.ca.gov](http://www.fiduciary.ca.gov)

**Internal Use Only**

Rec'd: \_\_\_\_\_

Processed: \_\_\_\_\_

Updated Form Rec'd: \_\_\_\_\_

## ANNUAL STATEMENT

PF Lic# \_\_\_\_\_

Expiration Date \_\_\_\_\_

The Annual Statement must be filed with the Bureau 60 days prior to the expiration of the license. Failure to file this report may result in an enforcement or disciplinary action against a professional fiduciary license. This Annual Statement shall report current information reflecting any changes since the date of the last report to the Bureau. Errors and omissions on Annual Statements may result in delays in processing of the Annual Statement.

### PART 1. PUBLIC INFORMATION

Last Name	First Name	Middle Name
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**ADDRESS OF PUBLIC RECORD:**

Number and Street

City	State	ZIP Code
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Business Phone Number

**VALUE OF CLIENT ASSETS UNDER MANAGEMENT**

Provide the aggregate dollar value of all assets currently under your supervision as a professional fiduciary: \$ \_\_\_\_\_

**BANKRUPTCY**

Since the date of your last report to the Bureau, have you filed for bankruptcy or held a controlling financial interest in a business when that business filed for bankruptcy? If yes, you may attach a statement of explanation.

☐ YES ☐ NO

If Yes, date filed (mm/dd/year): \_\_\_\_\_

**REMOVAL**

Since the date of your last report to the Bureau, have you been removed by the court for cause?

☐ YES ☐ NO

If yes, provide the information listed on page 4 of this form.

**RESIGNATION\***

Since the date of your last report to the Bureau, have you resigned in a matter in which a complaint\* has been filed with the court?

☐ YES ☐ NO

If yes, provide the information listed on page 4 of this form.

**SETTLEMENT\***

Since the date of your last report to the Bureau, have you settled as a fiduciary in a matter in which a complaint\* has been filed with the court?

☐ YES ☐ NO

If yes, provide the information listed on page 4 of this form.

\*A complaint means a civil complaint, a petition, motion, objection, or other pleading filed with the court against the licensee alleging the licensee has not properly performed the duties of a fiduciary.

**PART 2. BUSINESS AND PERSONAL INFORMATION****BUSINESS INFORMATION:**

Business Name

Physical Business Address (Number and Street)

City

State

ZIP Code

Business Phone

Business Fax

Email (Optional)

**HOME ADDRESS: (Physical address)**

Number and Street

City

State

ZIP Code

Home Phone

Home Fax

Email (Optional)

Have you served in the United States military?

☐ YES ☐ NO**PART 3. OTHER LICENSES/CERTIFICATES**

Since the date of your last report to the Bureau, have you been issued a new license or professional certification in any state, territory, province, foreign country, or U.S. federal jurisdiction?

☐ YES ☐ NO

If Yes, provide the following information for each NEW license or certificate (Attach additional sheets as needed.):

New License/Certification Type

Jurisdiction

License/Certificate #

Date Issued (mm/dd/year)

Status

Has the license or certificate listed above ever been revoked, suspended, or subject to discipline? You may attach a statement of explanation.

☐ YES ☐ NO

Are there any changes to the information you last reported?

☐ YES ☐ NO

If Yes, what are the changes?

**PART 4. CLIENT MATTERS****NEW CASE INFORMATION:****Report all NEW COURT AND NEW NON-COURT** cases you administer as the conservator, guardian, trustee, personal representative of a decedent's estate, or agent under a durable power of attorney for finances and/or health care in which you have been appointed since the date of your last report to the Bureau. Attach additional sheets as needed.

USE THE KEY PROVIDED TO REPORT "CASE TYPE"

(C) Conservator

(POA-F) Agent under a durable power of attorney for finances

(G) Guardian

(POA-H) Agent under a durable power of attorney for health care

(T) Trustee

(PR) Personal representative of a decedent's estate

**SECTION 1. NEW COURT CASES**

Case Type	Case Name	Case #	Date Appointed (mm/dd/year)	Court Location

SECTION 2. NEW NON-COURT CASES		
Case Type	Case Name	Date Appointed (mm/dd/year)

**CLOSED CASE INFORMATION:**  
**Report all CLOSED COURT AND NON-COURT** cases you administer as the conservator, guardian, trustee, personal representative of a decedent's estate, or agent under a durable power of attorney for finances and/or health care which have been closed since the date of your last report to the Bureau. Attach additional sheets as needed.

SECTION 1. CLOSED COURT CASES				
Case Type	Case Name	Case #	Date Closed (mm/dd/year)	Court Location

SECTION 2. CLOSED NON-COURT CASES		
Case Type	Case Name	Date Closed (mm/dd/year)

**PART 5. BUSINESS MATTERS**

**SECTION 1. BUSINESS INTERESTS**

1. List any ownership or beneficial interest in businesses or other enterprises held by you or a family member that received payments from a client of yours.

- You must include the name of the applicable business or enterprise, client names, and dates of payments received.
- You may attach a statement of explanation for each entry. Attach additional sheets as needed.

Business/Enterprise	Client Name	Date Payment Received (mm/dd/year)

2. List the names of any persons or entities that have an interest in your professional fiduciary business. You may attach a statement of explanation for each entry. Attach additional sheets as needed.


**PART 6. CONVICTIONS/FIDUCIARY ACTIONS****SECTION 1. CRIMINAL CONVICTIONS**

Omitting minor traffic violations resulting in a fine of \$499 or less, since the date of your last report to the Bureau, have you been convicted of, or pled guilty or nolo contendere to, any violation of federal or state statutes, city or county ordinance, or law of a foreign country? This includes all misdemeanor and felony convictions. (Any conviction that was subsequently dismissed pursuant to Penal Code section 1203.4 must also be disclosed.

☐ YES ☐ NO

You may attach a statement of explanation.

**SECTION 2. BREACH OF FIDUCIARY DUTY**

Since the date of your last report to the Bureau, have you have been found by a court to have breached a fiduciary duty? If Yes:

- You must provide copies of the court findings and orders related to this case.
- You may attach a statement of the issues and facts pertaining to this case.

☐ YES ☐ NO

Provide the following information for each case where you were found to be in breach of fiduciary duty. (Attach additional sheets as needed.):

Case Name	Case #	Court Location	Date of Removal (mm/dd/year)

**SECTION 2: REMOVAL**

If you have been removed by a court for cause:

- You must provide copies of court findings and orders related to each case.
- You may provide a statement of issues and facts pertaining to each case.

☐ YES ☐ NO

Provide the following information for each case where you were removed for cause. (Attach additional sheets as needed.):

Case Name	Case #	Court Location	Date of Removal (mm/dd/year)

**SECTION 3. RESIGNATION**

If you resigned in a matter in which a complaint\* has been filed with the court:

- You must provide copies of court findings and orders related to each case.
- You must provide a statement of issues and facts pertaining to each allegation.

☐ YES ☐ NO

Provide the following information for each case from which you resigned where a complaint has been filed with the court. (Attach additional sheets as needed.):

Case Name	Case #	Court Location	Date Complaint Filed (mm/dd/year)	Date of Resignation (mm/dd/year)

**SECTION 4. SETTLEMENT**

If you settled in a matter in which a complaint\* has been filed with the court:

- You must provide copies of court findings and orders related to each case.
- You must provide a statement of issues and facts pertaining to each allegation.

☐ YES ☐ NO

Provide the following information for each case that was settled where a complaint has been filed with the court (Attach additional sheets as needed.):

Case Name	Case #	Court Location	Date Complaint Filed (mm/dd/year)	Date of Settlement (mm/dd/year)

## PART 7. AFFIDAVIT

I, \_\_\_\_\_, hereby attest to the fact that I am the licensee whose signature appears below. I, hereby certify under penalty of perjury under the laws of the state of California to the truth and accuracy of all statements, answers, and representations made in this document, including all supplementary statements. I understand that falsification of the information on this form may constitute grounds for denial, suspension, or revocation of the license.

Signature of Licensee

Date

\*A complaint means a civil complaint, a petition, motion, objection, or other pleading filed with the court against the licensee alleging the licensee has not properly performed the duties of a fiduciary.

### Submit Annual Statements to the Bureau by:

**Email:**

[PFBrenewals@dca.ca.gov](mailto:PFBrenewals@dca.ca.gov)

**Fax:**

(916) 574-8645

**Mail:**

1625 North Market Blvd, Suite S-209  
Sacramento, CA 95834

*If you email or fax your Annual Statement to the Bureau, do not mail a separate copy.*

**NOTICE: Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the Bureau. You are obligated to pay your state tax obligation and your license may be suspended if the state tax obligation is not paid.**