

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  TELEPHONE NO.: _____ FAX NO. (Optional): _____ EMAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO</b> CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101	
CONSERVATORSHIP OF: _____	
<b>CERTIFICATE OF COMPLETION –          CONSERVATORSHIP ORIENTATION CLASS</b>	CASE NUMBER _____

**Note:** All conservators, excluding limited conservators of the person, who are not private professional conservators as defined by Probate Code § 2340, must complete an education class if ordered at the time of their appointment as conservator.

I/we, (name(s)) \_\_\_\_\_

have completed the online Conservatorship of the Person and/or Estate Orientation Class.

I/we declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
 Type or print name

\_\_\_\_\_  
 Signature of Conservator

\_\_\_\_\_  
 Type or print name

\_\_\_\_\_  
 Signature of Conservator