

Your Name: _____
 Your Address: _____
 Your City, State, Zip Code: _____
 Your Telephone Number: _____
 State Bar Number: (if applicable): _____
 Represents Self, without a lawyer OR
 Attorney for _____

FOR CLERK'S USE ONLY

SUPERIOR COURT OF ARIZONA IN MOHAVE COUNTY

In the Matter of the Conservatorship of: _____ Case Number: _____

 (Name of Protected Person)

PROOF OF RESTRICTED ACCOUNT FROM DEPOSITORY OR FINANCIAL INSTITUTION

Name of Depository: _____

Address of Depository: _____

1. This Depository has opened the following account(s) for the above-named protected person in the name of "The estate of _____, a protected person by _____, Conservator" as follows:

TYPE	LAST 4 DIGITS of ACCOUNT NUMBER ONLY <i>(Show other numbers as "X" as in "XXXX1234")</i>	BALANCE
		\$
		\$
		\$
		\$

2. Each account listed is a restricted account. No withdrawals of principal or interest will be allowed unless the Superior Court permits withdrawals by certified court order. Reinvestments may be made without an order of the Court if each account remains restricted and at this Depository. However, money deposited into a mutual fund approved by the Court may not be transferred to any other fund without prior Court approval other than to a money market fund. If the protected person is a minor, funds shall not be released when the minor turns eighteen until receipt of a court order authorizing release of the funds.

3. I have received a certified copy of the Court's order restricting these accounts dated _____ and I agree, on the Depository's behalf, to comply with the order.

 Manager's Signature and Title* _____
 Date

*Must be signed by a Bank Branch Manager or a Resident Manager for an Investment Securities Dealer.

Sworn to or Affirmed before me this: _____ by _____
(date) Printed Name and Title

Seal/My Commission Expires: _____

 Notary Public