

Form 10. Proof of Restricted Account from Financial Institution

Name of Person Filing: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Licensed Fiduciary # (if applicable): _____

Representing: Self or Attorney for: _____

**SUPERIOR COURT OF ARIZONA
MOHAVE COUNTY**

In the Matter of the Conservatorship
For/Estate of:

Case No. _____

**PROOF OF RESTRICTED ACCOUNT
FROM FINANCIAL INSTITUTION**

Instructions: This form must be signed by a representative of the financial institution who is authorized to act on behalf of, and bind, the financial institution.

Name of Financial Institution: _____

Branch Address: _____

Phone: _____

The undersigned states the following under oath:

We have received a copy of the above-referenced Court's Order dated _____, which requires the establishment of restricted account(s), and we agree to comply with that order. Pursuant to that order, we have opened the following accounts:

LAST 4 DIGITS OF ACCOUNT NO. ONLY (Show other numbers as "X" as in "XXX1234")

<u>Account Number</u>	<u>Opening Balance</u>	<u>Type of Account</u>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Those accounts are titled as follows: _____.

(If the account is for a conservatorship, the account should be titled, "The Estate of [name of protected person], by [name of conservator], Conservator." If the account is for a decedent's estate, the account should be titled, "The Estate of [name of decedent], by [name of personal representative], Personal Representative.")

We will not allow any withdrawals of principal or income unless we are presented with a certified copy of a court order authorizing the withdrawal.

If the account holds stocks, mutual funds, or bonds, the account custodian may invest and reinvest dividends, capital gains, and interest, and withdraw reasonable customary account management fees, without of a court order.

Check box, if applicable: [] Pursuant to the above-referenced court's order, each account listed above is federally insured by the FDIC or NCUA.

Check box, if the account has been established for a minor conservatorship: [] We understand that the above-referenced account(s) has (have) been established for the benefit of a minor. The funds/asset will not be released to the minor after the minor's eighteenth birthday until we receive a certified court order authorizing release of the funds/assets.

By signing below, you are binding yourself and your successors in interest.

Date

Signature of Financial Institution Representative

Name of Financial Institution Representative
(Type of Print Name)

Title of Financial Institution Representative

STATE OF ARIZONA

COUNTY OF MOHAVE

Subscribed and sworn to or affirmed before me this: _____ (date)

by _____

(notary seal)

Deputy Clerk / Notary Public