Person Filing: _____
_____
Mailing Address: _____
City, State, Zip: _____
Phone Number: _____
Representing Self

SUPERIOR COURT OF ARIZONA, COUNTY OF COCONINO

In the Matter of the Guardianship and/or Conservatorship of:
Ward 1: _____
Ward 2: _____
Ward 3: _____
[ ] An Adult [ ] A Minor

Case Number: GC_____

PROOF OF RESTRICTED ACCOUNT FROM DEPOSITORY OR FINANCIAL INSTITUTION

Leave the rest of the form blank. This is for the depository to fill in.

Depository Name: _____
Address: _____

This depository has opened the following accounts:

"The estate of _____, ward, by
_____, conservator":

Type	Account Number	Balance
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____

Each account is restricted. No withdrawal is allowed without a certified court order.

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

Manager's Signature*: _____
Printed Name: _____ Title: _____
*Must be signed by a Bank Branch Manager or a Resident Manager for an Investment Securities Dealer.

State of Arizona)
)
County of _____)

Subscribed and sworn before me this date: _____ by: _____

Seal:

Notary Public: _____
Notary Expiration Date: _____