

If ordered by the court, this form must be filed.

IN THE MATTER OF _____ Case No. _____

_____,
 Ward, Minor Ward, Protected Person

**CERTIFICATE OF PROOF
 OF POSSESSION – BANK
 ACCOUNTS**

I CERTIFY that on _____, there was on deposit in this institution to the benefit of the above ward, minor ward, or protected person the following:

Last 4 digits of account number	Title on Account	Type of Account (please check one)	Restricted?	Balance of:
____		<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> certificate of deposit	<input type="checkbox"/> yes <input type="checkbox"/> no	\$
____		<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> certificate of deposit	<input type="checkbox"/> yes <input type="checkbox"/> no	\$
____		<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> certificate of deposit	<input type="checkbox"/> yes <input type="checkbox"/> no	\$

Please Note: Only accounts designated “NO WITHDRAWAL WITHOUT COURT ORDER” are considered restricted. Provide additional account information in the same format on an attached page if necessary. This certificate shall be completed by an authorized bank official.

 (Signature and Title of Certifying Official)

 (Name of Financial Institution)

 (Address of Certifying Official)

Notary Section on next page

State of _____)
) ss.

County of _____)

This document was acknowledged before me by _____,
this _____ day of _____, 20_____.

_____ Notary commission expires: _____

Notary Public

(Signature of Person Taking Acknowledgment – **CANNOT be the same as the
Certifying Official signing above**)

Title: _____ Serial Number (if any).: _____