

IN THE MATTER OF

_____, Case No. _____
 Ward, Minor Ward, Protected Person

**FINANCIAL INSTITUTION
 RECEIPT OF ORDER**

I, _____ of _____,
 (Name) (Financial Institution)
 solemnly swear that on _____, we received a copy of the Order
 (Date)

Appointing Guardian and/or Conservator. I acknowledge all assets of the above ward/minor ward/protected person held at this financial institution, are listed below.

Attach a printout of each account listed.

The printout should include only the last 4 digits of the account and should be redacted to remove any personal identifying information (SS#, DOB, full account #).

Title on Account	Type of Account (please check one)	POD/TOD?	Debit Card?	New Account?	Last 4 digits of account number	Balance
	<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"/> yes <input type="checkbox"/> no	<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"/> yes <input type="checkbox"/> no	<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"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	\$

 (Signature and Title of Certifying Official)

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).: _____