Form 10. Proof of Restricted Account from Finan	cial Institution	
Name of Person Filing Document:Address:		
City, State, Zip Code:		
Telephone Number:		
Licensed Fiduciary Number (if applicable):	For Clerk's use only	
IN THE SUPERIOR COURT OF THE STATE OF ARIZONA IN AND FOR THE COUNTY OF YAVAPAI		
IN THE MATTER OF THE CONSERVATORSHIP OF:	Case No.: 1300GC	
	PROOF OF RESTRICTED ACCOUNT FROM FINANCIAL INSTITUTION	
Date of Birth:		
Type of Conservatorship: [] Adult [] Minor		
Name of Financial Institution:		
Branch Address:	_	
Phone:		
State of Arizona) County of) ss.		

The undersigned states under oath as follows:

by ______, conservator:

We have opened the following accounts for the estate in the name of _____

Account Number	Opening Balanc	<u>Type of Account</u>
Unless otherwise ordered by the co NCUA and is restricted as follows:	ourt, each account is f	ederally insured by the FDIC or
No withdrawals of principal, income of the Superior Court. Reinvestmen funds remain insured and restricted minor, the funds shall not be release certified court order.	nt may be made witho d in this institution at	ut further court order so long as this branch. In the case of a
We have received a copy of the cou requires the restricted account(s) an		that the order.
DATED:		an at we of Democratative
	51(gnature of Representative
	Na	ime of Representative
	Tit	le
SUBSCRIBED AND SWORN t	o before me this date:	
Ву		
My Commission Expires:		
	No	etary Public

APPLIES TO ALL ASSIGNEES

By signing above, you are stating for yourself and your successors that you have restricted these accounts from all debit activity unless otherwise ordered by the court.