

IN THE MATTER OF _____

Case No. _____

_____,
Ward/Minor Ward/Protected Person.

**CERTIFICATE OF MAILING
APPLICATION FOR
WITHDRAWAL OF FUNDS**

I swear or affirm, under the penalties of perjury, that copies of the forms listed below were mailed to all interested persons (including government agencies providing benefits) and bonding company, if any, at the addresses set forth below on _____.

Application for Withdrawal of Funds ([CC 16.2.19](#))
notice of hearing (received from the court after filing the Application)

**NAME(S) OF
INTERESTED PERSON(S)**

ADDRESS(ES)

_____	_____
_____	_____
_____	_____
_____	_____

See attached (more names and addresses than above)

Sign on next page.

Continued from first page.