

IN THE MATTER OF

\_\_\_\_\_, Case No. \_\_\_\_\_  
 Ward, Minor Ward, Protected Person

FINANCIAL INSTITUTION  
 RECEIPT OF LETTERS

I, \_\_\_\_\_ of \_\_\_\_\_,  
 (Name) (Financial Institution)  
 solemnly swear that on \_\_\_\_\_, we received a copy of the Letters  
 (Date)

of Guardianship and/or Conservatorship. 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).: \_\_\_\_\_