

**Form 10. Proof of Restricted Account from Financial Institution**

Name of Person Filing Document: \_\_\_\_\_

Address: \_\_\_\_\_

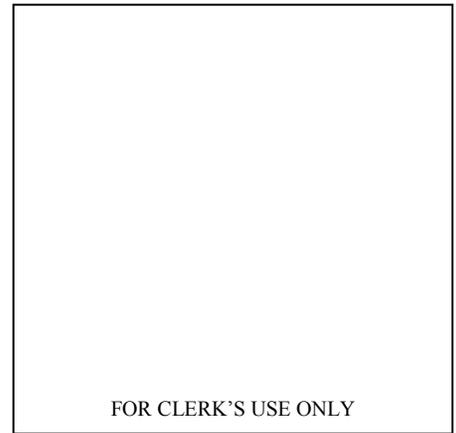
City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Attorney Bar Number (if applicable): \_\_\_\_\_

Licensed Fiduciary Number (if applicable): \_\_\_\_\_

Representing [ ] Self or [ ] Attorney for: \_\_\_\_\_



FOR CLERK'S USE ONLY

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA  
IN AND FOR THE COUNTY OF \_\_\_\_\_

In the Matter of the Conservatorship of:

\_\_\_\_\_  
Protected Person's Name

Date of Birth: \_\_\_\_\_

**Type of Conservatorship:**

**Adult**

**Minor**

Case No: \_\_\_\_\_

**PROOF OF RESTRICTED ACCOUNT  
FROM FINANCIAL INSTITUTION**

Name of Financial Institution: \_\_\_\_\_

Branch Address: \_\_\_\_\_

Phone: \_\_\_\_\_

State of Arizona )  
County of \_\_\_\_\_ ) ss.

The undersigned states under oath as follows:

We have opened the following accounts for the above-named protected person in the name of “The estate of \_\_\_\_\_”, a protected person, by \_\_\_\_\_, Conservator:

<u>Account Number</u>	<u>Opening Balance</u>	<u>Type of Account</u>
<b>LAST 4 DIGITS OF ACCOUNT NO. ONLY</b> (Show other numbers as “X” as in “XXX1234”)		
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Unless otherwise ordered by the Court, each account is federally insured by the FDIC or NCUA and is restricted as follows:

No withdrawals of principal, income, or interest will be allowed except by certified Order of the Superior Court. Reinvestment may be made without further Court Order so long as funds remain insured and restricted in this institution at this branch. In the case of a minor, the funds shall not be released to the minor at age eighteen (18) until we receive a certified Court Order authorizing release of the funds.

We have received a copy of the Court’s Order of \_\_\_\_\_ that requires the restricted account(s) and we will comply with the Order.

DATED: \_\_\_\_\_

\_\_\_\_\_  
Signature of Representative

\_\_\_\_\_  
Name of Representative  
(Type or Print Name)

\_\_\_\_\_  
Title

Case No. \_\_\_\_\_

**SUBSCRIBED AND SWORN to before me this date:** \_\_\_\_\_

By: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary 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.**