

**CIRCUIT COURT OF CLAY COUNTY, MISSOURI
PROBATE DIVISION**

No. _____

Matter of _____, *minor - *disabled - *deceased

VERIFICATION OF RESTRICTED DEPOSIT

The undersigned hereby certifies that ___he is an official of the below named depository, which had (a) deposit(s) on the _____ day of _____, 20____. The following amount(s) in the name of _____, as *Conservator__, *Personal Representative__, of the estate of _____ *minor__, *disabled__, *deceased. THERE ARE NO OTHER NAME(S) ON THE ACCOUNT(S) EXCEPT AS FOLLOWS: _____

Said deposit(s) have been made and accepted with the specific contract and agreement that they are subject to the order of the Probate Division of the Circuit Court of Clay County, Missouri and no withdrawals will be permitted from such restricted accounts except on the order of the Court.

Account Type: Savings, CD, MM, etc.	Account Number	Interest Rate	Due Date on CD	Total Amt in Acct.	Date of Last Int. Pymt.	Is Interest restricted? YES__ or NO__

THE STATEMENTS AND REPRESENTATIONS IN THIS DOCUMENT ARE MADE UNDER OATH AND ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THEY ARE MADE SUBJECT TO THE PENALTIES OF MAKING A FALSE AFFIDAVIT OR DECLARATION.

Date: _____

Depository: _____

Address: _____

By: _____
TYPE OR PRINT NAME

SIGNATURE (REQUIRED)

Title: _____

INSTRUCTIONS: Do not restrict regular checking accounts. Any erasures or corrections must be initialed by a depository agent.

