

COURT CODE: _____
Your Name: _____
Address: _____
City, State, Zip: _____
Telephone: _____
Email Address: _____
Self-Represented

DISTRICT COURT
_____ **COUNTY, NEVADA**

In the Matter of the Guardianship of the:

- Estate
- Person and Estate

of:

(name of person who has a guardian)
A Protected Person.

CASE NO.: _____

DEPT: _____

PROOF OF BLOCKED ACCOUNT

This form can be filled out by the Guardian or by an officer at the financial institution holding the account.

If the Guardian completes the form, you must attach proof that the account has been blocked (usually a bank statement indicating the account is blocked).

The undersigned affirms that *(name of guardian)* _____,
as Guardian of the above Estate, has established an account, Account No. _____,
titled “_____,”
in the cash sum of \$_____ and/or for the securities and other personal
assets listed on the attachment to this Proof.

The undersigned acknowledges that this account bears a blocked/frozen designation, and that no money, securities or personal assets may be withdrawn without first presenting an order from the Court authorizing the withdrawal.

Complete one of the two signature blocks below, depending on whether the financial officer will sign.

DATED _____, 20____ _____
NAME OF FINANCIAL ENTITY

By: _____
AUTHORIZED OFFICER

Title: _____

OR

DATED _____, 20____ _____
NAME OF GUARDIAN

SIGNATURE

(attach proof that the account is blocked)

Submitted by:

(Your signature) _____

(Your name) _____