

1 **PROF**

2 _____
3 _____
4 _____
5 _____

6 DISTRICT COURT

7 CLARK COUNTY, NEVADA

8 In the Matter of the Guardianship of

9 _____
10 _____
11 _____
12 _____
13 _____

14 A(n) Adult/Minor Ward.

CASE NO. _____

DEPT. NO. _____

15
16 **PROOF OF BLOCKED ACCOUNTS**
17 **(GUARDIANSHIP)**

18 The undersigned affirms that _____,
19 as Guardian of the Estate of _____,
20 a Ward, has established an account, being Account No. _____,
21 entitled " _____",
22 in the cash sum of \$ _____ and/or for the securities and other
23 personal assets listed on the attachment to this Proof.

24 The undersigned acknowledges that these accounts bear a blocked/frozen
25 designation, and that no money, securities or personal asset may be withdrawn without
26

1 first presenting an Order from the Court authorizing the withdrawal.

2 DATED this ____ day of _____, 20____.

3
4 _____
5 Name of Financial Entity

6 By: _____
7 Authorized Officer

8 Title: _____

9 Submitted By:

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11 _____
12 _____
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