Reset Form

CIRCUIT COURT OF CLAY COUNTY, MISSOURI
PROBATE DIVISION

No. _____

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

VERIFICATION OF UNRESTRICTED DEPOSIT

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

_____

Account Type: Savings, CD, MM, Checking	Account Number	Interest Rate	Due Date on CD	Total Amt in Acct.	Date of Last Int. Pymt.	Current value of account

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: Any erasures or corrections must be initialed by a depository agent.

***strike if inapplicable**