

CIRCUIT COURT OF CLAY COUNTY, MISSOURI
PROBATE DIVISION

No. _____

_____, TRUST ESTATE

VERIFICATION OF RESTRICTED DEPOSIT

The undersigned hereby certifies that ___he is an official of the below-named depository, which had on deposit on the ____ day of _____, 20____, the following amounts in the name of _____, as Trustee____. There are no other names on the account(s) except as follows: _____

Said deposits 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 amounts except on the order of the Court, however, the Trustee may change the type of account within this depository without Court order.

Type of Account	Account Number	Interest Rate	Due Date On CD	Total Amount In Account	Amount Includes Int. To Following Date	Is Interest Restricted? YES or NO
Savings, CD, MM, etc.						

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: (signature) _____

Title _____

