

CIRCUIT COURT OF CLAY COUNTY, MISSOURI
PROBATE DIVISION

No. _____

_____, TRUST ESTATE

VERIFICATION OF UNRESTRICTED DEPOSITS

The undersigned hereby certifies that _____ he is an official of the below-named depository, which depository 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:

Type of Account	Account Number	Interest Rate	Due Date On CD	Total Amount In Account	Amount Includes Int. To Following Date
Savings, DC, 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 _____

