

NO. _____

IN THE MATTER OF THE
GUARDIANSHIP OF

HUNT COUNTY
COUNTY COURT AT LAW NO. 1 OR 2

AN INCAPACITATED PERSON

VERIFICATION OF FUNDS ON DEPOSIT

The undersigned, an officer of the financial institution named below, hereby certifies that _____, Guardian of the Estate, had on deposit with this institution as of _____ in the following accounts, the following accounts in the amounts shown below:

Checking Account No. _____	\$ _____
Savings Account No. _____	\$ _____
Certificate of Deposit No. _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

SIGNED this _____ day of _____, 20_____.

(Institution name)

By: _____

Name: _____

Title: _____