

COURT CODE: 3710

Your Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Email Address: _____

Self-Represented

**IN THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
IN AND FOR THE COUNTY OF WASHOE**

In the Matter of the Guardianship of the:

- Estate
- Person and Estate

of:

(name of person who has a guardian)
A Protected Person.

CASE NO.: _____

DEPT: _____

PROOF OF BLOCKED ACCOUNT

This form can be filled out by the Guardian or by an officer at the financial institution holding the account.

If the Guardian completes the form, you must attach proof that the account has been blocked (usually a bank statement indicating the account is blocked).

The undersigned affirms that *(name of guardian)* _____,
 as Guardian of the above Estate, has established an account, the Account Number ending in *(last four numbers of the account)* _____, titled
 “_____,” in the
 cash sum of \$ _____ and/or for the securities and other personal assets
 listed on the attachment to this Proof.

The undersigned acknowledges that this account bears a blocked/frozen designation, and that no money, securities or personal assets may be withdrawn without first presenting an order from the Court authorizing the withdrawal.

This document does not contain the personal information of any person as defined by NRS 603A.040.

Complete one of the two signature blocks below, depending on whether the financial officer will sign.

DATED _____, 20____ _____
NAME OF FINANCIAL ENTITY

By: _____
AUTHORIZED OFFICER

Title: _____

OR

DATED _____, 20____ _____
NAME OF GUARDIAN

SIGNATURE

(attach proof that the account is blocked)

Submitted by:

(Your signature) _____

(Your name) _____