

COURT CODE: 3710

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Self-Represented

**IN THE FAMILY DIVISION  
OF 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 Minor.

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that this account bears a blocked/frozen designation, and that no money, securities or personal assets may be withdrawn without first presenting an order from the Court authorizing the withdrawal.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