

State of Michigan Probate Court Macomb County	VERIFICATION OF FUNDS ON DEPOSIT	File No: _____
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Estate of _____

TO: MACOMB COUNTY PROBATE COURT
40 NORTH MAIN STREET, 5TH FLOOR
MT CLEMENS, MI 48043

This is to certify that funds of this Estate are deposited with this institution in the following account(s), and the following information represents the status of said account(s) as of _____:
Date

Account No. _____

** Captioned as follows: _____

Account Balance: _____

Account No. _____

** Captioned as follows: _____

Account Balance: _____

Account No. _____

** Captioned as follows: _____

Account Balance: _____

** Indicate exactly as shown on signature card.

Name of institution: _____

Address of branch: _____

Print name and title: _____
(of individual signing for institution)

Signature: _____ Date: _____
(on behalf of institution)

IMPORTANT – PLEASE READ DIRECTIONS ON BACK

NAME OF ACCOUNT or ACCOUNT CAPTION

The account(s) should be captioned in one of the following manners:

1. Joe Doe, Conservator of Mary Doe, a minor
2. Joe Doe, Conservator of Mary Doe, a protected person
3. Estate of Mary Doe, Joe Doe, Conservator

THE FOLLOWING CAPTIONS ARE NOT ACCEPTABLE:

1. Joe Doe AND Mary Doe
2. Joe Doe IN TRUST FOR Mary Doe
3. Joe Doe ITF Mary Doe
4. Joe Doe, TRUSTEE FOR Mary Doe (unless you were actually appointed as a trustee)
5. Joe Doe, CUSTODIAN FOR Mary Doe
6. Joe Doe, CUSTODIAN FOR Mary Doe under the Uniform Transfers to Minor Act