

State of Minnesota

County of _____

District Court
Judicial District

Probate / Mental Health Division

Court File No. _____

Case Type: 14, Conservatorship

In Re: Conservatorship of

**Verification of Funds on Deposit
By Financial Institution**

_____,
Protected Person

(File as a Financial Source Document with Form 11.2)

To: Name and Address of Financial Institution:

I am the court appointed conservator in this matter and your financial institution has funds on deposit for the above named protected person. Please provide me with verification of the accounts listed below as of the following date: _____ by completing and signing the bottom portion of this form and affixing your official bank seal.

Dated: _____

Signature of Conservator

Conservator's name and address:

Verification of Funds on Deposit by Financial Institution

I certify that the foregoing amounts were on deposit as shown by the records of this financial institution listed below. The accounts listed below were accurate as of this date: _____

Account Information:

Type of Account	Account Number	Depositor Account Title	Interest Earned	Current Rate of Interest	Current Balance (including interest)

By: _____
SIGNATURE OF CERTIFYING FINANCIAL INSTITUTION OFFICIAL

DATE

Title of Certifying Official
(Please affix official bank seal on this form)