

<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF KALAMAZOO</b>	<b>VERIFICATION OF FUNDS ON DEPOSIT</b>	<b>FILE NO.</b>
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**In the Matter of:** \_\_\_\_\_

To: Judge of Probate, Kalamazoo County Probate Court, 1536 Gull Road, Kalamazoo, MI 49048

This is to certify that funds of said estate are deposited with this financial institution in interest-bearing savings account or certificate(s) of deposit that are insured by an agency of the Federal Government or brokerage house account protected by S.I.P.C.

**REVIEW PERIOD FROM:** \_\_\_\_\_ **THROUGH** \_\_\_\_\_

**LAST 4 DIGITS OF ACCOUNT NO:** \_\_\_\_\_ **CURRENT BALANCE:** \$ \_\_\_\_\_  
**LOSS ON ACCOUNT DURING REVIEW PERIOD:** \$ \_\_\_\_\_  
**TOTAL WITHDRAWALS DURING REVIEW PERIOD:** \$ \_\_\_\_\_

**CAPTIONED EXACTLY AS FOLLOWS:** \_\_\_\_\_  
 \_\_\_\_\_

**LAST 4 DIGITS OF ACCOUNT NO:** \_\_\_\_\_ **CURRENT BALANCE:** \$ \_\_\_\_\_  
**LOSS ON ACCOUNT DURING REVIEW PERIOD:** \$ \_\_\_\_\_  
**TOTAL WITHDRAWALS DURING REVIEW PERIOD:** \$ \_\_\_\_\_

**CAPTIONED EXACTLY AS FOLLOWS:** \_\_\_\_\_

\*\*\*\*\*  
**If more than 2 accounts, please use additional forms**

**NAME OF CONSERVATOR:** \_\_\_\_\_  
**CURRENT ADDRESS OF CONSERVATOR:** \_\_\_\_\_  
**TELEPHONE NUMBER OF CONSERVATOR:** \_\_\_\_\_

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**AGREEMENT AS TO WITHDRAWAL OF FUNDS**

The undersigned further certifies to this Court that:

1. The institution acknowledges and agrees that said funds including interest, will not be released or withdrawn except by written order (Certified copy with raised Court seal) of the Kalamazoo County Probate Court.
2. Records of the institution have been marked to prohibit withdrawal except by written order (Certified copy with raised Court seal) of the Kalamazoo County Probate Court.
3. We are liable for funds released or withdrawn without written order (Certified Copy with raised Court seal) of this Court.
4. The institution agrees to notify the Kalamazoo County Probate Court prior to any monies being escheated to the State of Michigan.

**Name of institution:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address of branch:** \_\_\_\_\_

**Print name and title:** \_\_\_\_\_

(of individual signing below)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(On behalf of institution)

**\*\* A copy of the corresponding financial institution statement for all liquid assets, dated within 30 days of the end of the accounting period, must be presented to the court to verify assets on hand at the end of the accounting period.**