

IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

PROOF OF COMPLIANCE

IN THE MATTER OF:	DATE:
	C.M. #:
DATE OF BIRTH:	
THIS IS TO INFORM YOU THAT	ited in this bank , \$ WS: t Title
has deposited in this bank , \$_	
AS FOLLOWS:	
Account Title	COURT ORDER ONLY
WIIHDKAWALS BY	C.M. #: TE OF BIRTH: S IS TO INFORM YOU THAT deposited in this bank , \$ FOLLOWS: Account Title WITHDRAWALS BY COURT ORDER ONLY Type and Account Number rd's or Minor's current address: Guardian's signature & current liress: S CERTIFICATE MUST BE RETURNED TO THE REGISTER CHANCERY WITHIN DAYS AFTER YOUR APPOINTMENT AS ARDIAN. The financial institution may be liable to the extent it permits therefore the court of Chancery Order. NK IDENTIFICATION OR SEAL BY: NAME OF BANK OFFICIAL
Type and Account Number	
address:	- -
THIS CERTIFICATE MUST BE RETURN	NED TO THE REGISTER
IN CHANCERY WITHIN GUARDIAN.	DAYS AFTER YOUR APPOINTMENT AS
DATE OF BIRTH: THIS IS TO INFORM YOU THAT nas deposited in this bank , \$ AS FOLLOWS: Account Title WITHDRAWALS BY COURT ORDER ONLY Type and Account Number Ward's or Minor's current address: Guardian's signature & current address: THIS CERTIFICATE MUST BE RETURNED TO THE REGISTER N CHANCERY WITHIN DAYS AFTER YOUR APPOINTMENT AS GUARDIAN. The financial institution may be liable to the extent it permits withdrawals without Court of Chancery Order. BANK IDENTIFICATION OR SEAL BY: NAME OF BANK OFFICIAL	
BANK IDENTIFICATION OR SEAL	
BRANCH ADDRESS:	