



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

has deposited in this bank _____, \$_____

AS FOLLOWS:

Account Title _____

WITHDRAWALS BY COURT ORDER ONLY

Type and Account Number _____

Ward's or Minor's current address:
address:

Guardian's signature & current
address:

THIS CERTIFICATE MUST BE RETURNED TO THE REGISTER
IN 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

BRANCH ADDRESS: _____