

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

**IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF PIERCE**

In the Guardianship of: _____) **Case No.:** _____
)
) **RECEIPT OF FUNDS INTO BLOCKED**
) **FINANCIAL ACCOUNT**
)
) Clerk's code: **(RCP)**
)
An Incapacitated Person. _____)

RECEIPT is hereby acknowledged of \$ _____ dollars deposited with the undersigned by _____, who is the Personal Representative, Guardian, Guardian ad Litem or attorney for the person named in the caption above. The deposit was made into Account No. _____.

The undersigned financial institution agrees to hold this account and any subsequent deposits to the account, and not allow withdrawal therefrom except under Order of the Court.

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT.

SIGNED AT _____, WASHINGTON THIS _____ DAY OF _____, 200_____.

_____ Authorized Signature	_____ Printed Name of Person Signing, Title
_____ Name of Bank of Financial Institution	_____ Branch Name
_____ Address	_____ Telephone/Fax Number
_____ City, State, Zip Code	_____ Email Address