

THE STATE OF MARYLAND
REGISTER OF WILLS FOR _____

Guardianship No. _____

PROOF OF RESTRICTED GUARDIANSHIP ACCOUNT

~~AT~~ This is to certify that in accordance with the Order of the Orphans' Court for Maryland, an account or certificate* (No. _____),

Has been opened by _____ ,

Guardian for _____

Minor, in the amount of _____

with the _____
Name of Institution

_____ Address
this _____ day of _____ .

THE ABOVE ACCOUNT (AND ANY INTEREST ACCRUED THEREON) IS SUBJECT TO WITHDRAWALS ONLY UPON ORDER OF THE ORPHANS' COURT FOR _____ . NO ATM OR SIMILAR CARD SHALL BE ISSUED FOR THIS ACCOUNT. THE ACCOUNT CANNOT BE CLOSED AT THE TIME THE MINOR ATTAINS THE AGE OF MAJORITY WITHOUT A COURT ORDER.

Bank Official's Signature

This **ORIGINAL** Form must be returned
No later than 60 days from date of
Appointment to:

Printed Name

Register of Wills for

Telephone Number

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AA

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*** A separate account must be opened for each minor involved.
Each account shall not exceed \$200,000.**