

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

In the Guardianship of:

No.

An Incapacitated Person

**RECEIPT FOR BLOCKED
ACCOUNT
GR 8 A 8-08**

_____ acknowledges receipt of
(Financial Institution)

\$ _____ in funds or asset value to be or having been placed in Account

_____ at its _____ in the name of or
(Branch or Office)

for the benefit of _____; and that the funds or assets
(Ward)

are to be released or withdrawn by Court order only until further order of the Court.

The "funds" described above shall include all interest, dividends, gains and other amounts accruing thereto, and the restrictions shall pertain to any other account or CD into which said funds shall be transferred. In the case of securities accounts the restrictions herein shall cover any securities acquired or other proceeds of transactions within said account, but shall not restrict sales, purchases or transfers within said account.

Dated this ____ day of _____ 200__.

Authorized Signature

Printed Name of Person Signing, Title

Name of Bank or Financial Institution

Branch Name

Address

Telephone/Fax Number

City, State, Zip Code

E-mail Address