

**IN THE CIRCUIT COURT OF PLATTE COUNTY, MISSOURI  
SIXTH JUDICIAL CIRCUIT, PROBATE DIVISION**

In the Matter of: \_\_\_\_\_  
\*Minor \*Disabled

Estate No: \_\_\_\_\_

**VERIFICATION OF RESTRICTED DEPOSIT**

The undersigned hereby certifies that she/he is an official of the below-named depository, which had on deposit on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, the following amounts in the name of \_\_\_\_\_, as Conservator of the estate of \_\_\_\_\_, \*Minor, \*Disabled. Said deposits have been made and accepted with the specific contract and agreement that they are subject to the order of the Probate Division of the Circuit Court of Platte County, Missouri, and no withdrawals will be permitted from such accounts except on the Order of the Court.

Savings Checking Certificate Of Deposit	Account Number	Interest Rate	Due date on C.D.	Restriction Includes or Excludes Interest Payments (indicate below)	Amount Includes Interest to Following Date	Total Amount in Account

THE STATEMENTS AND REPRESENTATIONS IN THIS DOCUMENT ARE MADE UNDER OATH AND ARE TRUE AND CORRECT TO MY BEST KNOWLEDGE AND BELIEF. I UNDERSTAND THEY ARE MADE SUBJECT TO THE PENALTIES OF MAKING A FALSE AFFIDAVIT OR DECLARATION.

Date: \_\_\_\_\_

Depository: \_\_\_\_\_

Address: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

\*Strike if inapplicable