

GUARDIANSHIP FORM E

CERTIFICATION BY FINANCIAL INSTITUTION TO:

FROM:
(Guardian's Name)

RE: Guardianship of

In order to comply with the rule of the Monroe Circuit Probate Court, I am required to file a certification of Account Balances. Please certify the balances and names on the accounts I have listed below.

DATED:

Guardian's Signature

For Bank Use Only:

I certify that on the _____ day of _____, 20____, the last day of the period covered by this accounting, there was on deposit in this institution to the credit of the Guardian, the following balance:

Name on Account	Account Number	Balance	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name and Address of Institution:

Signature of Certifying Officer:

Printed:

Title: Date:
