IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF JOSEPHINE

Case No. _____

In the Matter of:

ACKNOWLEDGEMENT OF RESTRICTING ASSETS

_____

___ Deceased____Minor____Incapacitated

We acknowledge receipt of a copy of the court order/judgment signed on_____, 20___that restricts access to the assets of the above estate/conservatorship as described below. We will not allow ANY distribution or withdrawal of principal or income from these assets or use of the assets as security for any obligation without specific authority by court order, except as allowed by this Acknowledgement, unless modified by a subsequent order of this court. We will not close the account without court order or upon the minor reaching the age of majority. We will provide the court with at least 30 days prior written notice with any intent to close for any other reason.

☐ The order/judgment allows the personal representative/conservator to make withdrawals from the restricted assets as follows:

_____

_____

_____

The assets on deposit with us that are subject to the order/judgment are identified as follows:

Account No.	Value of Account Assets	Type of Account	Maturity

(You may list any other accounts on the back of this form)
The name of the holder of the account shown on our records is_____.
We understand that the personal representative/conservator may do the following without court order:
(1) transfer restricted assets to other accounts with us that are subject to the restrictions stated above; and
(2) change the investment of assets, as long as all assets remain in an account with us subject to the restrictions stated above.

We agree to abide by the order/judgment. We understand that if assets are removed from a restricted account without prior court order, this institution shall be required to pay the value of those assets to the estate/conservatorship.

DATE:_____, 20____

THIS DOCUMENT MUST BE SIGNED BY
AN OFFICER OR OTHER PERSON
AUTHORIZED TO BIND THE INSTITUTION

Name & Address of Financial Institution:

_____

_____

_____

By: _____

_____
Printed Name of Authorized Representative