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

Case No. _____

In the Matter of the _____

of _____

___ Deceased ___ Minor ___ Incapacitated

ACKNOWLEDGEMENT OF ORDER RESTRICTING ASSETS

We acknowledge receipt of a copy of the court order 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 Order, 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 allows the conservator to make withdrawals from the restricted assets as follows: ____ *None* ____ *Other conditions or restrictions*: _____
_____

_____

The assets on deposit with us that are subject to the Order are identified as follows:

Account No.	Value of Account Assets	Type of Account	Maturity

(You may list any other accounts subject to the Court's Order on the back of this form)

The name of the holder of the account shown on our records is _____.

We understand that the conservator/personal representative 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. 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___

Name & Address of Financial Institution:

_____

_____

_____

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

By: _____

_____
(Printed Name and Title)