

Your Name: \_\_\_\_\_  
 Your Address: \_\_\_\_\_  
 Your City, Zip Code: \_\_\_\_\_  
 Your Telephone No. \_\_\_\_\_  
 Represents  Self OR  Attorney for: \_\_\_\_\_  
 State Bar Number (if applicable): \_\_\_\_\_  
 Licensed Fiduciary No. (if applicable): \_\_\_\_\_

FOR CLERK'S USE ONLY

**SUPERIOR COURT OF ARIZONA  
 IN MARICOPA COUNTY**

In the Matter of the Conservatorship of

Case No. PB \_\_\_\_\_

**ACKNOWLEDGEMENT OF  
 CONSERVATOR and  
 LAWYER'S UNDERTAKING AND  
 OBLIGATION**

\_\_\_\_\_  
 Name of the Protected  Adult or  Minor

I, \_\_\_\_\_, having been appointed by  
 (Conservator's Name)

the Superior Court of Arizona in Maricopa County as Conservator for the protected person  
 named above, hereby authorize \_\_\_\_\_ to  
 (Attorney's Name)

deposit all of the net conservatorship assets, in the amount of \$ \_\_\_\_\_

The assets will be deposited in a restricted account in my name \_\_\_\_\_ as the Conservator for:

\_\_\_\_\_  
 (Name of the Protected Adult or Minor)

- This shall be a restricted account.
- No withdrawals of principal or interest will be permitted except by certified order of the Superior Court of Arizona in Maricopa County.
- Reinvestments may be made without an order of the Court as long as each account remains restricted and at the same financial institution.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Conservator's Signature

Signed or Affirmed before me: \_\_\_\_\_  
 (Date)

by \_\_\_\_\_  
 Printed Name

My Commission Expires/: \_\_\_\_\_  
 Seal below:

\_\_\_\_\_  
 Deputy Clerk or Notary Public

Case No. \_\_\_\_\_

**LAWYER'S UNDERTAKING AND OBLIGATION**

I, as an officer of this Court and as the attorney for \_\_\_\_\_  
(Conservator's Name)

in this person's capacity as the conservator for \_\_\_\_\_  
(Protected Person's Name)

**hereby assume and undertake personal responsibility to the protected person and to the Court to make the above designated restricted deposit and to deliver to the Court a completed *Proof of Restricted Account* form evidencing the restricted deposit and the amount thereof within thirty (30) days from this date or to refund all of the funds to the Court immediately upon demand.**

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

\_\_\_\_\_  
(Attorney's Signature)

\_\_\_\_\_  
(Attorney's Printed Name)