

**Superior Court of Washington
County of**

In the Guardianship of:

Incapacitated Person

No.

**Receipt of Funds into Blocked
Financial Account
(RCP)**

Receipt is hereby acknowledged of \$ _____, deposited with the undersigned by _____, who is the Guardian, Guardian ad Litem, or Attorney for (name of Incapacitated Person) _____. The deposit was made into Account No. (last four digits) _____.

The undersigned, financial institution agrees to hold this account and any subsequent deposits to the account and not to allow any withdrawals of the funds or securities from the institution, except under Order of this court. However, the institution may move the funds into different accounts, securities or investment vehicles without prior court order, provided the proceeds are not released from the control of the institution as a part of the transfer or transaction.

This receipt is binding on all successors, transferees, assignees, agents and employees of the undersigned financial institution.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed at (city) _____, (state) _____ on (date) _____.

Signature

Print Name and Title

Name of Bank/Financial Institution

Telephone/Fax Number

City, State, Zip Code

Email Address