

STATE OF SOUTH CAROLINA
COUNTY OF GREENVILLE

IN THE PROBATE COURT
CASE NUMBER: _____-GC-____-_____

IN THE MATTER OF:

**ACKNOWLEDGEMENT OF
RESTRICTED STATUS LETTER**

TO BANK OR FINANCIAL INSTITUTION:

In accordance with the attached Certificate of Appointment issued by the Greenville County Probate Court, the financial assets owned by the above-named Protected Person have been placed under the protection of this Court, and the above-named Conservator is appointed for the purpose of handling said assets until further Order of this Court.

Any and all accounts owned by the above-named Protected Person shall now be titled as follows:

_____, **CONSERVATOR FOR** _____
(All accounts shall use the Protected Person's Social Security number for identification.)

Please help the Conservator fulfill his/her duties and responsibilities to this Court by completing the Acknowledgement of Restricted Status and returning it in the enclosed self-addressed envelope.

If you have any questions concerning this matter, please contact the Protective Proceedings Auditor, Greenville County Probate Court, 301 University Ridge, Suite 5600, Greenville, SC 29601 (864) 467-7546.

Thank you for your assistance.

STATE OF SOUTH CAROLINA
COUNTY OF GREENVILLE

IN THE PROBATE COURT
CASE NUMBER: _____-GC-____-_____

IN THE MATTER OF:

**ACKNOWLEDGEMENT OF
RESTRICTED STATUS**

PLEASE RETURN TO:

**Court Auditor
Greenville County Probate Court
301 University Ridge, Suite 5600
Greenville, SC 29601**

Account Title: _____
Type of Account & Number: _____
(If CD, give maturity date)
Balance & Date: _____

Account Title: _____
Type of Account & Number: _____
(If CD, give maturity date)
Balance & Date: _____

Account Title: _____
Type of Account & Number: _____
Amount of Initial Deposit & Date: _____

**BY SIGNING BELOW WE CERTIFY THAT WE HAVE IN FACT OPENED THE ABOVE
ACCOUNT(S) AS CONSERVATOR ACCOUNT(S) AND UNDERSTAND THE RESTRICTIONS
INVOLVED WITH CONSERVATOR ACCOUNTS.**

Name & Address of Financial Institution:

SWORN to before me this _____ day of _____, 20 _____.

Print Name: _____
Notary Public for: _____

My Commission Expires: _____

Signature of Officer: _____
Title of Officer: _____
Telephone: _____