

CONFIDENTIAL

COVER PAGE FOR FINANCIAL ACCOUNT STATEMENT

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): TELEPHONE NO.: FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO STREET ADDRESS: 3341 POWER INN ROAD, ROOM 214 MAILING ADDRESS: CITY, STATE AND ZIP CODE: SACRAMENTO, CA 95826 BRANCH NAME: WILLIAM RIDGEWAY FAMILY RELATIONS COURTHOUSE	CASE NUMBER:
In the Matter of the <input type="checkbox"/> Conservatorship <input type="checkbox"/> Guardianship ESTATE OF (Name):	FINANCIAL INSTITUTION ACCOUNT STATEMENTS ATTACHED DATE: TIME: DEPT:

How This Form Will Be Used

This document is **confidential** and will not be a part of the public file in this case. You are requested to complete and submit this form with Financial Institution Account Statements attached to this form in compliance with Probate Code Section 2620(c) effective January 1, 2001.