



**THE DISABILITY
FOUNDATION**

Guardianship Attestation

With the establishment of this trust account agreement as
Representative Payee for:

We verify:

- ___ No "Guardian of Estate" has been appointed.
- *name* _____ was appointed
"Guardian of Estate" by the _____ court on
date _____ in the county of _____.

Signed:

Name/signature/organization _____

Date: _____