



**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.
- _____ was appointed "Guardian of Estate" by the _____ court on _____ in the county of _____.

Signed:

Name/signature/organization _____

Date: _____