

IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

IN THE MATTER OF:

:
:
:
:
:
:

C.M. # _____

A Minor

AFFIDAVIT OF PETITIONER (INSERT NAME HERE)

STATE OF DELAWARE)

) SS.

COUNTY OF)

_____, being duly sworn this ____ day of

_____, 20__, does depose and say as follows:

1. I am the parent (or guardian) of _____ (hereinafter “the minor”).
2. I have reviewed the attached Petition and agree with the statements and representations set forth therein.
3. I understand that the funds that are the subject of this guardianship proceeding (hereinafter “the minor’s property”) are exclusively the property of the minor.
4. I understand that if all or a portion of the minor’s property is placed into

a Uniform Transfer to Minor Act (“UTMA”) account, I must provide proof of the opening of the account and deposit of the settlement funds into the account within sixty (60) days of entry of the Court’s Order approving the settlement.

5. I understand that if all or a portion of the minor’s property is placed in a UTMA account, I will serve as custodian of that account. I further understand that as the custodian of that account I have a fiduciary duty to use the monies in the account only for the health, maintenance, education and welfare of the minor and should the monies be used other than for the benefit of the minor, I will be subject to liability for breach of my fiduciary duty.
6. I understand that if some or all of the minor’s property is to be placed in a Court approved annuity or structured financial instrument, that the instrument must provide for payment of funds to the minor no earlier than the date the minor reaches the age of maturity, and must prohibit the encumbrance, sale, or other transfer of the annuity or instrument before such time. I further understand that I must file proof of the funding of the annuity or structured financial instrument within sixty (60) days of entry of the Court’s Order approving the settlement.

Petitioner

SWORN TO AND SUBSCRIBED before me, a Notary Public, this _____
day of _____, 20__.

Notary Public (SEAL)

My Commission Expires:
