

PROBATE COURT OF SUMMIT COUNTY, OHIO
ELINORE MARSH STORMER, JUDGE

IN THE MATTER OF:

- THE WRONGFUL DEATH TRUST
- INTER VIVOS TRUST
- TESTAMENTARY TRUST
- SPECIAL NEEDS TRUST

OF _____ DECEASED, GRANTOR

CASE NO. _____

APPLICATION FOR APPOINTMENT OF TRUSTEE

_____ hereby make(s) application to be appointed Trustee(s) of the:

- Wrongful Death Trust fbo _____ as the result of the death of _____, Estate case no. _____;
- Inter Vivos Trust created by _____ on _____; Month, Day, Year
- Testamentary Trust created by Item _____ of the Last Will and Testament of _____, deceased, Estate case no. _____;
- Special Needs Trust created by _____ on _____; Month, Day, Year

and states that the estimated property of said trust estate, is as follows:

Personal property	\$ _____
Real property	\$ _____
Annual rentals	\$ _____
Other	\$ _____
TOTAL	\$ _____

and states that:

- Bond is dispensed with by the instrument
- Bond is dispensed with by law (100% Custodial)
- Bond in the sum of \$ _____ is attached

Attorney for Applicant Signature

Typed/Printed Name

Address

City, State, Zip

Telephone Number (include area code)

Attorney Registration No.

Applicant Signature

Typed/Printed Name

Address

City, State, Zip

Telephone Number (include area code)

PROBATE COURT OF SUMMIT COUNTY, OHIO

TRUSTEESHIP OF _____
CASE NO. _____

FIDUCIARY'S (TRUSTEE'S) ACCEPTANCE

I, the undersigned, hereby accept the duties which are required of me by law, and such additional duties as are ordered by the Court having jurisdiction of the subject matter of the trust, as testamentary trustee.

AS TRUSTEE, I WILL:

1. Make and file an inventory of the real and personal property contained in the trust estate within three (3) months after appointment.
2. Administer the trust estate in accordance with law and the Will of testator.
3. Deposit funds which come into my hands in a lawful depository located within this state.
4. Invest surplus funds in a lawful manner.
5. Make and file an account at least once every two years.
6. File a final account within thirty (30) days after the trusteeship is terminated.

I acknowledge that I am subject to removal as such fiduciary if I fail to perform such duties.

I also acknowledge that I am subject to possible penalties for improper conversion of the property which I hold as such fiduciary.

Date

Trustee

**PROBATE COURT OF SUMMIT COUNTY, OHIO
ELINORE MARSH STORMER, JUDGE**

TRUSTEESHIP OF: _____

CASE NO. _____

TRUST - INFORMATION SHEET

1. Estate Case Number: _____

2. Named Trustee(s): _____

3. Alternate Trustee(s): _____

4. Trustee Applying:

Name	Address	Telephone
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5. Bond: Required
 Dispensed with

6. Attorney Representing Trustee:

Name	Address	Telephone
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7. Primary Beneficiary or Beneficiaries:

Name	Address	Date of Birth
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Name	Address	Date of Birth
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Name	Address	Date of Birth
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8. Distribution:

- a. Income Only
- b. Income and Principal
- c. Fixed Payment
- d. Discretionary

9. Trust Termination:

a. State conditions which terminates trust:

b. State distribution upon termination, including beneficiary and percentage of distribution:

PROBATE COURT OF SUMMIT COUNTY, OHIO
ELINORE MARSH STORMER, JUDGE

IN THE MATTER OF _____ DECEASED

CASE NUMBER _____

NON-PUBLIC RECORD INFORMATION

Information concerning Trust and Beneficiaries:

Name _____ Birth Date _____

Name _____ Birth Date _____

Name _____ Birth Date _____

Name _____ Birth Date _____

Submitted by:

Applicant/Attorney Signature

Applicant/Attorney Print or Type Name