

PROBATE COURT OF BUTLER COUNTY, OHIO
JOHN M. HOLCOMB, JUDGE

IN THE MATTER OF
WRONGFUL DEATH TRUST
TESTAMENTARY TRUST
SPECIAL NEEDS TRUST

OF _____

CASE NO. _____

APPLICATION FOR APPOINTMENT OF TRUSTEE

&

_____ a resident(s) of OHIO, hereby makes application to be appointed Trustee(s) of the:

Wrongful Death Trust fbo _____
as the result of the death of _____ Estate Case No. _____

Testamentary Trust created by Item _____ of the Last Will and Testament of
_____, deceased. Estate Case No. _____

Special Needs Trust created by _____ on _____

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

Personal Property	\$	_____
Real Property	\$	_____
Annual Rentals	\$	_____
Other Annual Income	\$	_____
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

Applicant

Typed Name of Attorney for Applicant

Typed Name of Applicant

Address

Address

City, State, Zip

City, State, Zip

Phone No. (Include area code)

Phone No. (Include area code)

Attorney Registration No.

**PROBATE COURT OF BUTLER COUNTY, OHIO
JOHN M. HOLCOMB, JUDGE**

IN THE MATTER OF THE:

- WRONGFUL DEATH TRUST
- TESTAMENTARY TRUST
- SPECIAL NEEDS TRUST
- SPECIAL NEEDS TRUST

OF: _____, DECEASED, GRANTOR

CASE NO. _____

TRUST BENEFICIARIES

The following are beneficiaries of the trust:

Name: _____	<input type="checkbox"/> Income Beneficiary	<u>Birthdate if Minor</u>
Address: _____	<input type="checkbox"/> Remainder Beneficiary	_____

Name: _____	<input type="checkbox"/> Income Beneficiary	
Address: _____	<input type="checkbox"/> Remainder Beneficiary	_____

Name: _____	<input type="checkbox"/> Income Beneficiary	
Address: _____	<input type="checkbox"/> Remainder Beneficiary	_____

Name: _____	<input type="checkbox"/> Income Beneficiary	
Address: _____	<input type="checkbox"/> Remainder Beneficiary	_____

Name: _____	<input type="checkbox"/> Income Beneficiary	
Address: _____	<input type="checkbox"/> Remainder Beneficiary	_____

[Check whichever of the following is applicable]

- This will contains a charitable trust or a bequest or devise to a charitable trust, subject to R.C. 109.23 and 109.41.
- The will is not subject to R.C. 109.23 and 109.41, relating to charitable trusts.

Date

Applicant (or give other title)

**PROBATE COURT OF BUTLER COUNTY, OHIO
JOHN M. HOLCOMB, JUDGE**

TRUST OF _____

FOR THE BENEFIT OF _____

CASE NO. _____

TRUSTEE'S BOND

Amount of Bond \$ _____

The undersigned principal, and sureties if any, are obligated to the State of Ohio in the above amount, for payment of which we bind ourselves and our successors, heirs, executors and administrators, jointly and severally.

The principal has accepted in writing the duties of trustee pursuant to:

said decedent's Will (and Codicil(s))
wrongful death settlement trust [R.C. 2125.03]
special needs trust [R.C. 2111.50(B)(3)]

Said duties include the following:

1. Make and return to the Court, on oath, as provided by and within the time required by law a true inventory of the real and personal property belonging to the Trust;
2. Administer and distribute according to law and the Trust all the real and personal property belonging to the Trust;
3. Render upon oath a just and true account of the administration at the time or times required by the Court or the law; AND in all matters, faithfully and honestly discharge the duties of said office, and comply with all conditions imposed by law.

This obligation is void if the principal performs such duties as required. This obligation remains in force if the principal fails to perform such duties, or performs them tardily, negligently, or improperly, or if the principal misuses or misappropriates estate assets or improperly converts them to his own use or the use of another.

[Check if personal sureties are involved] - The sureties certify that each of them owns real estate in this county, with a reasonable net value as stated below.

Date

Principal

Surety

Surety

By
Attorney in Fact

By
Attorney in Fact

Typed or Printed Name

Typed or Printed Name

Address

Address

Net value of real estate owned in this county

Net value of real estate owned in this county

\$ _____

\$ _____

PROBATE COURT OF BUTLER COUNTY, OHIO
JOHN M. HOLCOMB, JUDGE

IN THE MATTER OF THE:

- WRONGFUL DEATH TRUST**
- TESTAMENTARY TRUST**
- SPECIAL NEEDS TRUST**

OF _____, DECEASED, GRANTOR

CASE NO. _____

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.

AS TRUSTEE OF THE ESTATE, I WILL:

1. Make and file an inventory of the real and personal property contained in the Trust within three months of the appointment or such time as extended by the Court;
2. Deposit funds which come into my hands in a lawful depository located within this state. The trust checking accounts must provide canceled checks, as these canceled checks must be displayed when filing accounts;
3. Keep trust funds in separate trust accounts at all times during the administration of the trust;
4. Invest all funds in a lawful manner;
5. Timely pay bond premium, if any;
6. Make and file a first account within two years following my appointment or such time as ordered by the Court ; file additional accounts at least once every two years;
7. File a final account within 30 days after the Trusteeship is terminated;
8. Timely file all tax documents as required by law;
9. Submit all filings with original signatures. In matters with multiple fiduciaries, the court may allow the accounting to be filed upon the signature of one fiduciary. Persons who are not an attorney may not sign on behalf of an attorney;
10. Obey all orders of the Court; and,
11. Immediately notify Probate Court in writing If I change my address.

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

Fiduciary

PROBATE COURT OF BUTLER COUNTY, OHIO
JOHN M. HOLCOMB, JUDGE

IN THE MATTER OF

**WRONGFUL DEATH TRUST
TESTAMENTARY TRUST
SPECIAL NEEDS TRUST**

OF _____

CASE NO. _____

ENTRY APPOINTING TRUSTEE; LETTERS OF AUTHORITY

Name of Trustee: _____

Name(s) of Co-Trustee(s) [if any]: _____

On hearing in open court on the application for appointment of trustee, the Court finds that the applicant is a suitable and competent person to execute the trust, that applicant has filed a written acceptance of duties as Trustee and that the Trustee's Bond has been **[Check one of the following]:**

Filed and approved

Waived under the terms of the Decedent's Will

Waived according to law

The Court therefore appoints applicant as Trustee. This entry of appointment constitutes the trustee's letters of authority.

Date

John M. Holcomb, Judge

CERTIFICATE OF APPOINTMENT AND INCUMBENCY

The above document is a true copy of the original kept by me as custodian of the records of this Court. It constitutes the appointment and letters of authority of the named fiduciary, who is qualified and acting in such capacity.

John M. Holcomb, Judge

Clerk

Date

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF _____

CASE NO. _____

VERIFICATION OF RECEIPT AND DEPOSIT

Pursuant to Court order, the sum of \$ _____ was deposited with
_____ on the _____ day of _____,
as evidenced by the Savings/Certificate of Deposit Account Number _____.
This account is held solely in the name of _____, a minor,
whose Social Security Number is _____.

By accepting said deposit for said minor, this institution agrees that said deposit, together with accumulated interest, shall be held and no part thereof released until minor attains the age of majority or upon further order of this Court.

Financial Institution

By _____
Authorized Officer

Typed or Printed Name

Phone Number

Date

PROBATE COURT OF BUTLER COUNTY, OHIO
JOHN M. HOLCOMB, JUDGE

IN THE MATTER OF THE:

- WRONGFUL DEATH TRUST
- TESTAMENTARY TRUST
- SPECIAL NEEDS TRUST
- SPECIAL NEEDS TRUST

OF _____, DECEASED, GRANTOR

CASE NO. _____

TRUSTEE'S ACCOUNT
(R.C.2109.30)

_____ Account

Page	Of	From	To	
20	(Balance from previous account)	Vou	\$	\$
		No.		

CASE NO. _____

RECAPITULATION

Total Receipts \$ _____

Total Disbursements \$ _____

Balance Remaining \$ _____

ITEMIZED STATEMENT OF ALL FUNDS, ASSETS AND INVESTMENTS

ITEM _____

\$ _____

Attorney

Attorney Registration No. _____

Trustee

Typed or Printed Name

Address

ENTRY SETTING HEARING

The Court sets _____ at _____ o'clock _____.M., as the date and time for hearing the above account.

Date

John M. Holcomb, Probate Judge

PROBATE COURT OF BUTLER COUNTY, OHIO
JOHN M. HOLCOMB, JUDGE

CASE NO. _____

**TRUSTEE'S ACCOUNT
CONTINUATION SHEET**

Page _____ of _____

Date	Description of item	Voucher Number	\$	Receipts	\$	Disbursements