

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

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

**TESTAMENTARY TRUST**  
**MINOR TRUST**

**OF** \_\_\_\_\_ **DECEASED GRANTOR**  
**CASE NO.** \_\_\_\_\_

**APPLICATION FOR APPOINTMENT OF TRUSTEE**

Now comes \_\_\_\_\_, a resident of \_\_\_\_\_  
and hereby makes application to be appointed as Trustee(s) of the:

Wrongful Death Trust established for the benefit of \_\_\_\_\_ as  
a result of the death of \_\_\_\_\_ Estate Case No. \_\_\_\_\_

Testamentary Trust created by Item \_\_\_\_\_ of the Last Will and Testament (and Codicil/s) in the  
Estate of \_\_\_\_\_ being Estate Case No. \_\_\_\_\_

Special Needs Trust created by \_\_\_\_\_ on \_\_\_\_\_  
being Case No. \_\_\_\_\_

Minor Trust created by \_\_\_\_\_ on \_\_\_\_\_  
being Case No. \_\_\_\_\_

**A copy of the Will (and Codicil/s) or Trust Agreement is attached.**

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

Personal Property	\$ _____
Real Property	\$ _____
Annual Rental Income	\$ _____
Other Annual Income	\$ _____
Total	\$ _____

Applicant further states that:

Bond is dispensed with by the instrument;  
Bond is dispensed with by Law;  
Bond in the sum of \$ \_\_\_\_\_ is attached.

\_\_\_\_\_  
Attorney for Applicant

\_\_\_\_\_  
Typed or Printed Name of Attorney

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Phone Number (include area code)

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Attorney Registration No.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Typed or Printed Name of Applicant

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Phone Number (include area code)

\_\_\_\_\_  
Applicant Email Address

# PROBATE COURT OF BUTLER COUNTY, OHIO

John M. Holcomb, Judge

IN THE MATTER OF THE:

WRONGFUL DEATH TRUST

TESTAMENTARY TRUST

SPECIAL NEEDS TRUST

MINOR TRUST

OF \_\_\_\_\_ DECEASED GRANTOR

CASE NO. \_\_\_\_\_

## TRUST BENEFICIARIES

The following are beneficiaries of the trust:

Name: \_\_\_\_\_ Birthdate, if Minor \_\_\_\_\_  
Income Beneficiary \_\_\_\_\_  
Address: \_\_\_\_\_ Remainder Beneficiary \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Birthdate, if Minor \_\_\_\_\_  
Income Beneficiary \_\_\_\_\_  
Address: \_\_\_\_\_ Remainder Beneficiary \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Birthdate, if Minor \_\_\_\_\_  
Income Beneficiary \_\_\_\_\_  
Address: \_\_\_\_\_ Remainder Beneficiary \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Birthdate, if Minor \_\_\_\_\_  
Income Beneficiary \_\_\_\_\_  
Address: \_\_\_\_\_ Remainder Beneficiary \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Birthdate, if Minor \_\_\_\_\_  
Income Beneficiary \_\_\_\_\_  
Address: \_\_\_\_\_ Remainder Beneficiary \_\_\_\_\_  
\_\_\_\_\_

For Testamentary Trusts Only:

This will contains a charitable trust or a bequest or devise to a charitable trust, subject to R.C. 109.23 to 109.41.

The will is not subject to R.C. 109.23 to 109.41, relating to charitable trusts.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant/Trustee

# PROBATE COURT OF BUTLER COUNTY, OHIO

John M. Holcomb, Judge

IN THE MATTER OF THE 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 undersigned principal has accepted in writing the duties of trustee pursuant to:

- |   |   |
|---|---|
| <input type="checkbox"/> Wrongful Death Trust [R.C. §2125.03]     | <input type="checkbox"/> Testamentary Trust           |
| <input type="checkbox"/> Special Needs Trust [R.C. §211.50(B)(3)] | <input type="checkbox"/> Minor Trust [R.C. §2111.182] |

Said duties include those imposed by law and such additional duties as may be required by the Court.

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 trust assets or improperly converts them to the principal's 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  
 SPECIAL NEEDS TRUST

TESTAMENTARY TRUST  
 MINOR 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 county unless written consent of the Court provides otherwise;
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 one year following my appointment or such time as ordered by the Court; File additional accounts at least once every one year. Bank statements and vouchers or other proof of payment must be presented at the time of filing each accounting;
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 THE:

- WRONGFUL DEATH TRUST  
 SPECIAL NEEDS TRUST

- TESTAMENTARY TRUST  
 MINOR TRUST

IN THE MATTER OF THE TRUST OF: \_\_\_\_\_  
FOR THE BENEFIT 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.** \_\_\_\_\_

**STATEMENT OF PERMANENT ADDRESS**

(R.C. 2109.21(F))

I, \_\_\_\_\_, fiduciary of the \_\_\_\_\_ of \_\_\_\_\_, declare the following to be my permanent address. I understand that I am required to notify the Court of any change in my address.

Permanent Address:

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Address (Must be street address, no PO permitted)

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone Number

I understand if I fail to comply with this requirement, I may be removed as fiduciary.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed Name & Title