

**PROBATE COURT OF LAKE COUNTY, OHIO  
JUDGE MARK J. BARTOLOTTA**

TRUST OF \_\_\_\_\_  
FOR THE BENEFIT OF \_\_\_\_\_  
CASE NO. \_\_\_\_\_

**APPLICATION FOR APPOINTMENT OF TESTAMENTARY TRUSTEE  
[R.C. 2109.02]**

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

Wrongful Death Trust (for the benefit of) \_\_\_\_\_  
as the result of the death \_\_\_\_\_,

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 \_\_\_\_\_

A copy of the Will or Trust Agreement is attached.

Applicant state(s) that the estimated property of said trust estate, is as follows:

Personal Property	\$ _____
Real Estate	\$ _____
Annual Rentals	\$ _____
TOTAL	\$ _____

and further state(s) that

Bond is dispensed with by the instrument;

Bond is dispensed with by law (100% Custodial);

Bond is in the sum of \$ \_\_\_\_\_ is attached.

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

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Typed Name of Attorney for Applicant

\_\_\_\_\_  
Typed Name of First Applicant

\_\_\_\_\_  
Address

\_\_\_\_\_  
Typed Name of Second Applicant

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

\_\_\_\_\_  
Address

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

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

\_\_\_\_\_  
Attorney Registration Number

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

**PROBATE COURT OF LAKE COUNTY, OHIO  
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CASE NO. \_\_\_\_\_

**TRUST BENEFICIARIES**

The following are beneficiaries of the trust:

Name	Address	Birthdate Of Minor

NOTE: THIS INFORMATION MUST BE COMPLETED AT THE TIME OF FILING THE APPLICATION FOR APPOINTMENT

**PROBATE COURT OF LAKE COUNTY, OHIO  
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IN THE MATTER OF: \_\_\_\_\_

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 of the subject matter of the trust, as testamentary trustee, I will:

1. Make and file an inventory of the real and personal property contained in the trust estate within 3 months after appointment.
2. Administer the trust estate in accordance with law and the Will of the 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 annually.
6. File a final account within 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

\_\_\_\_\_  
Fiduciary

**PROBATE COURT OF LAKE COUNTY, OHIO**  
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**IN THE MATTER OF:** \_\_\_\_\_

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

**CONTACT INFORMATION FORM**

Please check the applicable box:

- This is the original contact information for this case.
- This is amended contact information for this case. Only the information that has changed is shown on this form. All other information remains the same as shown on the original contact information form.

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Attorney for Applicant(s) \_\_\_\_\_

Attorney's Street Address \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Attorney's Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Attorney's Email Address \_\_\_\_\_

Attorney's Registration Number \_\_\_\_\_

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Applicant's Name \_\_\_\_\_

Applicant's Street Address \_\_\_\_\_

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

Applicant's Telephone Number \_\_\_\_\_

Applicant's Email Address \_\_\_\_\_

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Co-Applicant's Name \_\_\_\_\_

Co-Applicant's Street Address \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Co-Applicant's Telephone Number \_\_\_\_\_