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

IN THE MATTER OF _____

CASE NO. _____

APPLICATION TO APPROVE DESIGNATION OF
SUCCESSOR CUSTODIAN
[R.C. 5814.07]

Applicant moves the Court for an Order to approve the designation of a Successor Custodian under the Ohio Transfers to Minors Act. A photocopy of the minor's birth certificate is attached to this application.

Minor's Information

Name of Minor _____   Date of Birth _____

Address of Minor _____

Name of Parent/Legal Guardian _____

Address (if different than minor)_____

Telephone Number _____   ☐ Consent attached

Name of Parent/Legal Guardian _____

Address (if different than minor)_____

Telephone Number _____   ☐ Consent attached

Custodian's Information

Current Custodian _____

Reason for appointment of Successor Custodian:

☐ Custodian is deceased and

    ☐ The Custodian's Last Will and Testament does not name a Successor Custodian

    ☐ The designated Successor Custodian is unable to serve

    ☐ The Custodian died intestate without designating a successor custodian

☐ A Copy of the deceased custodian's death certificate is attached.

    Probate Court where deceased custodian's estate is being administered: _____

☐ Custodian has been adjudicated incompetent

    Guardianship Case No. _____

    Court Name _____

    Date Custodian was adjudicated incompetent _____

☐ Custodian is requesting permission to resign pursuant to R.C.§5814.07(C). A Resignation of Custodian is attached.

☐ Applicant is requesting removal of the current Custodian (explain) _____

_____

☐ Other (describe) _____

_____

Proposed Successor Custodian's Information

Name _____

Address _____

Telephone Number _____

Email Address _____

Applicant's relationship to minor: _____

Custodial Account Information

_____
Name of Financial Institution

_____
Type of Account   Account Number

_____
Name of Financial Institution

_____
Type of Account   Account Number

Applicant requests this Court approve the designation of the above person as Successor Custodian for the above account(s) in accordance with R.C. 5814.07.

_____   _____
Attorney for Applicant   Applicant's Signature

_____   _____
Typed or Printed Name   Typed or Printed Name

_____   _____
Address   Address

_____   _____
City   State   Zip   City   State   Zip

_____   _____
Telephone Number (include area code)   Telephone Number (include area code)

_____   _____
Email Address   Email Address

Attorney Registration No. _____