

PROBATE COURT OF SUMMIT COUNTY, OHIO

TRUSTEESHIP OF \_\_\_\_\_

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

TESTAMENTARY TRUSTS - 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_