

PROBATE AND FIDCIARY BONDS APPLICATION

Type of Bond Hearing Date / /				
Treating Date//				
THIS APPLICATION MUST BE COMPLETED IN DETAIL BEFORE BOND IS APPROVED FOR FILIN	NG. Γ	For O	ffice Use On	Ja.
Estate Name		DESCRIPTION UNDERWRITTEN	<u>BY</u>	<u>DATE</u>
		REVIEWED		
Name		Tel. #		
Address				
Social Security No Dri				
Your Net Worth \$				
Employer/Retired				
Address	City	S	State	Zip
Tel. #				
Do you own a home? Rent?	C	Other		
Your Bank	Bank Acc	ount #		
Bank Address				
What is your relationship to Decedent/Conservatee/Minor				
What is your share of this estate (Decedents estate only) _				
Have you had a criminal conviction?	Los	t a civil judgment?		
If yes, explain				
Have you or your spouse filed a personal bankruptcy?	If yes	, when?		
Are you indebted to Decedent/Conservatee?	If yes, an	nount \$		
Secured? Yes No How?				
Attorney handling this case				
Law Firm		Tel. #		
Address				
City	State	7	Zip	

ESTATE INFORMATION

	ESTATE		1			
Name of Decedent/Conservatee/Minor						
Date of Birth of Conservatee/Minor						
Estate Cash	Securities		Real Property			
Other Assets		Annual	Income (All Sources)			
Bank where ESTATE ACCOUNT will be	opened					
Address						
City		State	Zip			
Where will securities be kept?	(Safe deposit	t box, Brokerage – Including Name an	d Address)			
			If yes, name			
Туре						
If yes, do you understand you must have a Do you understand that the first year's bo						
Do you understand all increases and reduce	ctions of the bond must	t be ordered by the court	?			
Do you understand the bond is in effect u	ntil a final discharge is	signed by the judge and	a copy delivered to the Surety?			
Do you understand the bond premium is t	o be paid annually?					
Do you understand you must retain an atte	orney throughout the ad	lministration of this esta	.te/conservatorship?			
INDE! The undersigned Applicant and Indemnitor certif Surety on any or all bond(s) required to be poste In consideration of the Surety executing any such	ies that all the foregoing and by the Principal named he	erein as a result of his duties	thout reservation and are made to inducts and obligations in administering the ab			

SIGNATURE, APPLICANT