

Probate and Fiduciary Surety Application

Applicant's Full Name: _____ Individual Corporation LLC
 _____ SSN or TIN: _____

Business Address: _____

Residence Address: _____

Occupation: _____ Years in business: _____

Are you a U. S. Citizen? Yes No: What is your residency status? _____

Email Address: _____

Drivers License Number: _____

Home Phone: _____ Cell Phone: _____

Have you or any partners been bankrupt or insolvent? Yes: Provide explanation on Application Supplement No

Are there any lawsuits, judgments, or liens outstanding against applicant? Yes: Explain using Application Supplement No

Name and Address of Attorney: _____

Will the attorney remain involved throughout the duration of the case? Yes No

Has any Surety denied application for the bonds listed? Yes: Provide explanation on Application Supplement No

Prior Surety Yes: give name and reason for change: _____ No

Administrator or Executor Bond

Type of Bond Required: _____ Bond Amount: _____

Legal Name of Deceased: _____ Date of Death: _____

Date of appointment: _____ Court and Docket No.: _____

Applicant's relationship to Deceased: _____

Estimated Estate Assets: _____ Personalty \$ _____ Realty \$ _____ Estimated Estate Debts: _____

List each heir of the estate with its relationship and percentage (%) share: _____

Will any business of the estate be continued by fiduciary?	<input type="checkbox"/> Yes: Attach copy of Court Order	<input type="checkbox"/> No
Is applicant indebted to the estate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did Decedent execute a Last Will and Testament?	<input type="checkbox"/> Yes: Attach copy if bond exceeds \$1Million	<input type="checkbox"/> No
Does applicant replace a prior Fiduciary?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this an additional bond?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does this bond replace a prior bond?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this bond required on the demand of an interested person?	<input type="checkbox"/> Yes: Whom? _____	<input type="checkbox"/> No

Guardian, Conservator or Trustee Bond

Type of Bond Required: _____ Bond Amount: _____

Legal Name of Minor Incapacitated: _____ Date of Birth: _____

Estimated Estate Assets: _____ Personalty \$ _____ Realty \$ _____ Estimated Estate Debts: _____

Date of appointment: _____ Court and Docket No.: _____

Applicant's relationship to the wards or minors: _____

Will Guardianship funds be used for the support of minors?	<input type="checkbox"/> Yes: Attach copy of Court Order authorizing monthly expenditures	<input type="checkbox"/> No
Will any business of the wards be continued by Fiduciary?	<input type="checkbox"/> Yes: Attach copy of Court Order	<input type="checkbox"/> No
Is the bond required on the demand of an interested person?	<input type="checkbox"/> Yes: Whom? _____	<input type="checkbox"/> No
Is applicant indebted to the wards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will joint control be exercised?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this an additional bond?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does applicant replace a prior Fiduciary?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does this bond replace a prior bond?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will a Supplemental Needs Trust be created?	<input type="checkbox"/> Yes: Attach copy of the Trust, if executed	<input type="checkbox"/> No
Has the ward(s) executed a Last Will and Testament?	<input type="checkbox"/> Yes: Attach copy if bond exceeds \$1 Million	<input type="checkbox"/> No

