

# 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 |

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