

PROBATE COURT OF CUYAHOGA COUNTY, OHIO

ANTHONY J. RUSSO, Presiding Judge

LAURA J. GALLAGHER, Judge

IN THE MATTER OF THE

WRONGFUL DEATH TRUST     2111.182 TRUST     SPECIAL NEEDS TRUST

OF \_\_\_\_\_, DECEASED/GRANTOR

FBO \_\_\_\_\_, BENEFICIARY

CASE NUMBER \_\_\_\_\_

APPLICATION FOR APPOINTMENT OF TRUSTEE

\_\_\_\_\_ hereby make(s) application to be appointed Trustee(s) of the:

- Wrongful Death Trust fbo \_\_\_\_\_ as the result of the death of \_\_\_\_\_, Estate case number \_\_\_\_\_;
 R.C. 2111.182 Trust created by \_\_\_\_\_ on \_\_\_\_\_ Month, Day, Year;
 Special needs Trust created by \_\_\_\_\_ on \_\_\_\_\_ Month, Day, Year

and states that the estimated property of said trust estate, is as follows:

Personal Property.....\$ \_\_\_\_\_
Real Estate.....\$ \_\_\_\_\_
Annual Rentals.....\$ \_\_\_\_\_
Totals.....\$ \_\_\_\_\_

and states that:

- Bond is dispensed with by the instrument;
 Bond is dispensed with by law (100% Custodial);
 Bond in the sum of \$ \_\_\_\_\_ is attached;

\_\_\_\_\_  
Attorney Signature for Applicant

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
Phone Number (include Area Code)

\_\_\_\_\_  
Phone Number (include Area Code)

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Attorney Registration No.

**PROBATE COURT OF CUYAHOGA COUNTY, OHIO**

**ANTHONY J. RUSSO, Presiding Judge**

**LAURA J. GALLAGHER, Judge**

**TRUST OF** \_\_\_\_\_

**CASE NUMBER** \_\_\_\_\_

**FIDUCIARY'S ACCEPTANCE  
TRUSTEE  
[R.C. 2109.02]**

I hereby accept the duties which are required of me by law, and such additional duties as are ordered by the Court. As trustee of this estate, I will:

1. Make and file an inventory of the real and personal assets of the trust within 3 months after appointment, or such time as extended by the Court;
2. Deposit funds which come into my hands in a lawful depository located within this state; The trust checking accounts must provide canceled checks, as these canceled checks must be displayed when filing accounts;
3. Keep trust funds in separate trust accounts at all times during the administration of the trust;
4. Invest all funds in a lawful manner;
5. Timely pay bond premium, if any;
6. Make and file 1st account within one (1) year following my appointment or such time as ordered by the Court; File additional accounts on at least an annual basis; **Accounts require a personal appearance; Filings by mail are not accepted;**
7. Timely file all tax documents as required by law;
8. Submit all filings with original signatures; In all matters with multiple fiduciaries, the signature of all fiduciaries is required; Persons who are not an attorney may not sign on behalf of an attorney;
9. Obey all orders of the Court; and
10. Immediately notify the Probate Court if I change my address.

I acknowledge that I am subject to removal as trustee if I fail to perform my fiduciary duties.

I acknowledge that I am subject to possible civil and criminal penalties for improper conversion of the property which I hold as fiduciary.

Note ORC §2109.02 states that every fiduciary, before entering into the execution of a trust, shall receive letters of appointment from a Probate Court having jurisdiction of the subject matter of the trust.

The duties of a fiduciary shall be those required by law, and such additional duties as the Court orders. Letters of appointment shall not issue until a fiduciary has executed a written acceptance of those duties, acknowledging the appointment shall not issue until a fiduciary has executed a written acceptance of those duties, acknowledging the possibility of removal for failure to perform those duties, and further being subject to possible penalties for conversion property held as a fiduciary. The written acceptance of duties may be filed with the application for appointment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Trustee

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Phone Number (include Area Code)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip