

TESTAMENTARY TRUSTEESHIP FACT SHEET

Estate Name \_\_\_\_\_

File no. \_\_\_\_\_

Name of and Type of Trust \_\_\_\_\_

Location in Will (Article/Para.) of appointment of Trustee(s) \_\_\_\_\_

Location in Will (Article/Para.) where trust established \_\_\_\_\_

Name of Beneficiary, Address, Age \_\_\_\_\_

Describe Beneficiary Interest in Trust

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

Trustee Name & Address \_\_\_\_\_

Co-Trustee Name & Address \_\_\_\_\_

Name \_\_\_\_\_ Phone number \_\_\_\_\_ Name \_\_\_\_\_ Phone number \_\_\_\_\_

Co-Successor/Trustee

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Attorney: \_\_\_\_\_

\_\_\_\_\_

Trusteeship \$50.00/ trust QTY. \_\_\_\_\_

(One certificate w/trust) additional certificates requested # \_\_\_\_\_ a charge of \$5.00/additional certificate

**Warren County Surrogate's Office use:**

Holding for : \_\_\_\_\_

Check # \_\_\_\_\_ Check from \_\_\_\_\_ Other \_\_\_\_\_

Date taken \_\_\_\_\_ Fee \_\_\_\_\_ Receipt# \_\_\_\_\_ Date Filed \_\_\_\_\_