

**IN THE PROBATE COURT OF DELAWARE COUNTY, OHIO  
DAVID A. HEJMANOWSKI, JUDGE**

IN THE MATTER OF THE  
\_\_\_\_ WRONGFUL DEATH TRUST  
\_\_\_\_ TESTAMENTARY TRUST  
\_\_\_\_ SPECIAL NEEDS TRUST  
\_\_\_\_ OTHER

CASE NO. \_\_\_\_\_

OF: \_\_\_\_\_  
For the Benefit of: \_\_\_\_\_

**TRUST BENEFICIARIES**

The following are beneficiaries of the trust:

Name: \_\_\_\_\_  Income Beneficiary  
Address: \_\_\_\_\_  Remainder Beneficiary  
Date of Birth \_\_\_\_\_

Name: \_\_\_\_\_  Income Beneficiary  
Address: \_\_\_\_\_  Remainder Beneficiary  
Date of Birth \_\_\_\_\_

Name: \_\_\_\_\_  Income Beneficiary  
Address: \_\_\_\_\_  Remainder Beneficiary  
Date of Birth \_\_\_\_\_

Name: \_\_\_\_\_  Income Beneficiary  
Address: \_\_\_\_\_  Remainder Beneficiary  
Date of Birth \_\_\_\_\_

**NOTE: The date of birth of each beneficiary must be provided in every instance, whether adult or minor.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature (or give other title)

\_\_\_\_\_  
Printed Name of Applicant (or give other title)