

**PROBATE COURT OF GEAUGA COUNTY, OHIO  
JUDGE TIMOTHY J. GRENDALL**

**IN RE TRUSTEESHIP OF** \_\_\_\_\_

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

**TRUSTEE'S INVENTORY**

[R.C. §2109.58]

<u>Description of Real and Personal Property</u>	<u>Value</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

[see page 2 for additional entries. If any real property, provide legal description on page 2]

**RECAPITULATION**

Total value of Personal Estate _____	\$ _____
Total value of Real Estate _____	\$ _____
Yearly rent of Real Estate _____	\$ _____
Other Annual Income _____	\$ _____
Total _____	\$ _____

Date: \_\_\_\_\_, Trustee

\_\_\_\_\_  
Type Name of Trustee

**Description of Real and Personal Property**

**Value**

Description of Real and Personal Property	Value
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Real Estate Legal Description

Permanent Parcel No(s) \_\_\_\_\_



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**In Re:** \_\_\_\_\_

**Case No.** \_\_\_\_\_

**NOTICE OF HEARING ON TRUST ACCOUNT**

**To:** \_\_\_\_\_

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

You are hereby notified that a \_\_\_\_\_ account covering the period from \_\_\_\_\_, 20\_\_ to \_\_\_\_\_, 20\_\_ has been filed in this matter and a hearing will be held on \_\_\_\_\_, 20\_\_ at 8:30 a.m. The court is located at Geauga County Courthouse Annex, 231 Main St Suite 200, Chardon, Ohio 44024.

You are required to examine the account, to inquire into the contents of the account, and into all matters that may come before the Court at the hearing on the account. **Any exceptions to the account shall be filed in writing not less than five days prior to the hearing.** Absent filing of written exceptions, the account may be approved without further notice.

\_\_\_\_\_  
Fiduciary  
 \_\_\_\_\_  
Attorney for the Fiduciary

\_\_\_\_\_  
Attorney Registration Number

**PROBATE COURT OF GEAUGA COUNTY, OHIO**  
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In Re: \_\_\_\_\_

Case No. \_\_\_\_\_

**CERTIFICATE OF SERVICE OF TRUST ACCOUNT TO CURRENT BENEFICIARIES**

This is to certify that a true and accurate copy of the \_\_\_\_\_ trust account was  
(type of account)

served on \_\_\_\_\_ upon all current beneficiaries except:  
(date)

The following current beneficiaries whose address is unknown:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Attorney

\_\_\_\_\_  
Fiduciary

\_\_\_\_\_  
Attorney Registration Number

**PROBATE COURT OF GEAUGA COUNTY, OHIO  
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IN THE MATTER OF \_\_\_\_\_

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

**CONFIDENTIAL DISCLOSURE OF PERSONAL IDENTIFIERS**  
[Rule 45(D) of the Rules of Superintendence for the Courts of Ohio]

Complete Personal Identifier	Institution	Abbreviation	Form No.	Filing Date
Ex. 123-45-6789	Social Security	6789	22.3	7/1/2019
Ex. 0001234567	Anytown Bank Checking	Anytown #1	6.1	7/1/2019
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____

Check if additional pages are attached

\_\_\_\_\_  
Signature of Filing Party

\_\_\_\_\_  
Printed Name

Date: \_\_\_\_\_

This is page \_\_\_\_\_ of \_\_\_\_\_ pages