



PROBATE BOND APPLICATION

BOND/CASE INFORMATION

Type of Bond (Attach Bond Form)	Amount of Bond \$	Effective Date	Amount of Estate \$	
In the matter of the estate of:			Is there a will? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Who is: <input type="checkbox"/> Deceased	Date of Death:	What is the source of Guardianship Funds?		
<input type="checkbox"/> Minor	Date of Birth:			Health Status:
<input type="checkbox"/> Incompetent	Date declared incompetent:			Health Status:
Court Name Bond Filed	Court County, State	Date of Appointment	Probable Duration	

PERSONAL INFORMATION

Individual's Name:	Soc Sec #	DOB:	Relationship to Ward:						
Residence Address	City	State	ZIP	Phone Fax					
Email:	Cell / Other #	Personal Net Worth:		Monthly Income:					
Occupation	Employer Name & Address		Phone	Fax					
Are You the Trustee, Trustor, or Beneficiary of any Trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ever declare Bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pending or prior IRS liens?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any lawsuits pending against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ever failed in business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Applicant's experience in handling Fiduciary Responsibilities									
Spouse's Name:		Soc Sec #	DOB:						

ATTORNEY INFORMATION

Attorney Name:	Firm Name:	How long has Attorney know applicant?		
Address	City	State	ZIP	Phone Fax

LIST ESTIMATED ESTATE ASSETS:

LIST ESTIMATED ESTATE DEBTS/LIABILITIES:

a. Cash:	\$	\$
b. Stocks/Bonds:	\$	\$
c. Personal Property:	\$	\$
d. Real Property:	\$	\$

PERSONS INTERESTED IN THE ESTATE. LIST ALL HEIRS, LEGATEES, BENEFICIARIES, WARDS, ETC...

Name	Age	Relationship	Address

OTHER

Has another bonding company denied this bond?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please explain _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
Are you replacing a prior fiduciary?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has anyone objected to the applicant's appointment as fiduciary?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does this bond replace another bond?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will attorney remain involved for duration of estate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will any on-going business of the Estate be continued by fiduciary?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you indebted to the Estate or Trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you had prior custody of assets in any capacity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are Guardianship funds to be used for support of Ward?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the bond required on the demand of another interested party?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is their dissent among the heirs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(if yes, who?)
Will joint control be exercised?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

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