



# PROBATE COURT BOND REQUEST FORM

Type of Bond:  Personal Representative  Conservator

This is a re-fillable pdf document. The form can be re-used each time you need a bond.

To request a bond, 1) Complete the information that is relevant to the bond you are requesting.

2) Save the form, and attach it to your email, sending it to Bonds@WassonBayArea.com or fax it to 727-544-8842.

Please rush my bond request:  Yes  No; I need the bond by: \_\_\_\_\_

Requestor Name: \_\_\_\_\_ Attorney Name: \_\_\_\_\_

Electronically Send Bond to Email Address: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

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

Bond Amount: \$ \_\_\_\_\_ County: \_\_\_\_\_ Ct. File #: \_\_\_\_\_

Legal Name, Deceased: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Name of Personal Representative/Conservator:

\_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

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

Name of Co-Personal Representative/Conservator:

\_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

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

Estimated Estate Assets: \$ \_\_\_\_\_  YES\*  NO

Will any business of the estate be continued by Fiduciary?  YES  NO

Is Personal Representative indebted to the estate?  YES\*\*  NO

Did Decedent execute a Last Will & Testament?  YES  NO

Does Personal Representative replace a prior Fiduciary?  YES  NO

Is this an additional bond?  YES  NO

Does this bond replace a prior bond?  YES  NO

Is this bond required on the demand of an interested person?  YES  NO

(if YES, whom: \_\_\_\_\_)

\*Attach copy of Court Order

\*\* Attach copy if bond exceeds \$1 Million

Additional Info: \_\_\_\_\_

With email, send ALL documents to Bonds@WassonBayArea.com.

Please attach any requested items above to your email or fax as necessary.