

Trust Data Element Requirements
Account number for Trust for benefit of ward
Amount in Trust for benefit of Ward
Case Number
City, State, Zip for trustee for trust for benefit of Ward
County of Residence of Decedent/Grantor
Date copy of trust mailed to attorney for the personal representative
Date of Trust
Date Signed
Date trust was created for benefit of ward
Description of Trust for benefit of ward
Judicial Assignment
Name of Clerk
Name of Decedent/Grantor
Name of Trustee
Name of trustee for trust for benefit of ward
Street address for trustee for trust for benefit of ward
Title of Trust
Total amount of trusts for benefit of ward
Trustee Signature Block