

JOHNSON COUNTY PROBATE FORM NO. 1
APPLICATION FOR APPOINTMENT OF PERSONAL REPRESENTATIVE
(COMPLETE ONE FORM FOR EACH PERSONAL REPRESENTATIVE)

CONTACT INFORMATION:

Case No.: 41 ____ - ____ - ____ - ____
Name: _____
Address: _____

Length of Residence: _____
Phone number: (____) ____ - ____

BACKGROUND / EXPERIENCE:

Highest degree received (*including institution and year degree received*): _____

Employer: _____
Address: _____

Length of employment: _____
Past experience with financial management (*including investing and checkbook management*):

Do you have any prior felony convictions in the State of Indiana or under the law of any other State or Territory of the United States? Yes ____ No ____

AFFIRMATIONS AND VERIFICATION:

I AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT. I AFFIRM THAT I HAVE ATTAINED THE AGE OF MAJORITY. I AM NOT INCAPACITATED FOR A REASON OTHER THAN PHYSICAL MATTERS.

I FURTHER AFFIRM THAT I HAVE PROVIDED MY ATTORNEY MY DATE OF BIRTH AND SOCIAL SECURITY NUMBER.

AS A CONDITION OF APPOINTMENT OF THE PERSONAL REPRESENTATIVE, I HEREBY WAIVE THE PRIVILEGE ASSOCIATED WITH THIS INFORMATION AND AUTHORIZE MY ATTORNEY TO DISCLOSE THIS INFORMATION TO THE COURT, UPON COURT ORDER IN THE EVENT OF MY FAILURE TO RENDER AN ACCOUNT AS REQUIRED BY LAW OR OTHER DETERMINATION OF BREACH OF FIDUCIARY DUTY.

Dated: ____ / ____ / _____

Signature

Proposed Order of Appointment and Letters enclosed.