TRUST INFORMATION FORM

COMMONWEALTH OF VIRGINIA VA. CODE § 64.2-1409

(For appointment/qualification of a trustee including court-ordered trusts and structured settlements.)

Court File No.

Cir	cuit Court of			
1.	Name of Estate or S	Settlor		
2.	Is this a trust created by a will? [] yes [] no. If yes, will is recorded in Book			
	or Clerk's Instrument No			
3.	If court-ordered trus	st, date of order and case number		
4.	Name of person ma	king request		
5.	Mailing address			
6.	Basis for request: [] trustee named in will [] other (specify)			
7.	Name of person seeking appointment			
8.	Day telephone			
9.	Residence address			
10.	Mailing address, if	different		
11.	. Name of additional person seeking appointment			
12.	Day telephone			
13.	Residence address			
14.	Mailing address, if	different		
15.	The maximum value of assets to be held in the trust is estimated as follows:			
	(a) Personal Propert	sy.	\$	
	(b) Real Property		\$	
	TOTAL VALUI	E OF TRUST	\$	
16.	Name of assisting a	ttorney, if any	Telephone	
17.	Attorney's mailing	address		
		the best of my knowledge and belief this is a report any later discovered errors or inconsistent	n accurate statement of facts, and I acknowledge encies to the Clerk of Court.	: a
	DATE	PRINTED NAME OF REQUESTING PERSON	SIGNATURE OF REQUESTING PERSON	
10		MATION TO BE FURNISHED BY EACH I		
		for bankruptcy? [] yes [] no. (If yes, exp	es, explain the details on a separate sheet of paper	er.)
	-		ia or elsewhere? [] yes [] no. (If yes, and y	ou do
	•	active license from the Virginia State Bar, exp		
	I (we) hereby certify	y that to the best of my (our) knowledge and b	belief this is an accurate statement of facts, and I	(we)
ack	nowledge a continui	ng duty to report any later discovered errors or	inconsistencies to the Clerk of Court.	
	DATE	PRINTED NAME OF PERSON SEEKING APPOINTMENT	SIGNATURE OF PERSON SEEKING APPOINTMEN	Т
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