TRUST OF FOR BENEFIT OF		
CASE NO.		
TRUSTEE'S A (R.C. §210		
The trustee offers an account of the trust and has attached an itemi states that the account is true and correct, and asks that it be appro		
[Check one of the following]		
This is the partial account for the period from A statement of the assets remaining in the trustee's hands is a	tottached.	
This is a final and distributive account and the trustee asks to	be discharged upon its approval and settlement.	
RECEIPTS		
Balance brought forward from inventory or previous account	\$	
Income	\$	
Other receipts	\$	
Total receipts	\$	
DISBURSEMENTS		
Trustee fees this accounting period	\$	
Attorney fees this accounting period	\$	
Other administration costs and expenses	\$	
Other disbursements	\$	
Total disbursements	\$	
BALANCE REMAINING IN FIDUCIARY'S HANDS	\$	
Attorney Signature	Trustee Signature	
Attorney Printed Name	Trustee Printed Name	
Street Address	Street Address	
City State Zip Code	City State Zip Code	
()	()	
Phone Number (include area code)	Phone Number (include area code)	
Attorney Registration No.	Date	

CASE NO.	
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BANK CERTIFICATE

N.B. Must be executed when funds are on deposit.

	of	, Ohio the sum
		to the credi
Dated		Bank
		By Cashier
		Trustee
	BANK CERTIF	ICATE
	N.B. Must be executed when t	funds are on deposit.
I HEREBY CERTIFY the	at the within named trustee, on the dat	e named below, had on deposit in the
	of	, Ohio the sum
\$	on (nature of deposit)_	to the credi
of the trust of		
Dated		Bank
		Built
		By Cashier
		Trustee

TRUST OF	i	
CASE NO.		

ITEMIZED STATEMENT OF ALL FUNDS, ASSETS AND INVESTMENTS

(Attach Bank Certificate or copy of Bank Statement)

ITEM	TYPE OF ASSET (Checking, Savings, IRA, Stocks, etc.)	AMOUNT
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

TRUST OF	
CASE NO	

TRUSTEE'S ACCOUNT

(O.R.C. §2109.30)

RECEIPTS/INTEREST EARNED

(Please Type or Print)

DATE OF RECEIPT	SOURCE OF RECEIPT	AMOUNT
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

TRUST OF _		
CASE NO.		

TRUSTEE'S ACCOUNT

(O.R.C. §2109.30)

EXPENDITURES / LOSS OF VALUE OF ASSET

(Please Type or Print)

Attach cancelled checks or signed receipts for each expenditure listed

DATE PAID	TO WHOM / FOR WHAT	CHECK # AMOUNT
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$