



Probate Bond Application

4285 Commercial St SE, Ste 110 Salem, OR 97302 Phone: (866) 722-9239

none: (866) /22-9239 Fax: (503) 566-5891

customercare@suretysolutions.com

Please type responses in form fields below. Do not print and write responses by hand. We can only accept typed responses to ensure accuracy of submitted information.

Type of Bond:	Bond Amount:			
Case Number:	Name of Court:			
Applicant Information				
Name:			Phone:	
Address:	(City:	State: Zip:	
SSN:	DOB:		Email:	
Employer:	Position:			
Length of Employment:		Annual Income:		
Spouse Name:	Spouse SSN:			
Have you or your spouse had a c	riminal conviction, bankrup	tcy, or lost a c	zivil judgment?	
If so, please explain:				
Estate Information				
Name of Decedent/Ward:			Ward's DOB:	
Ward's Age: Relation	Relationship to Decedent/Ward: War		Ward's Condition:	
Estate Cash:	Securities:		Real Property:	
Other Assets:	r Assets: Ward's Annual Income (all sources):			
Are any of the assets restricted?	If so, please list:			
Does the estate contain an ongo	ing business? Please list busi	iness:		
Are you indebted to the Estate?	If so, pleas	se list amount	:	
Attorney Information				
Law Firm:	Attorney:			
Address:				
	Phone:			

I understand the following information:

- that the first year's bond premium is not refundable
- that all increases and reduction of the bond must be ordered by the court
- that the bond is in effect until a final discharge is signed by the judge and a copy delivered to the surety
- that the bond premium is to be paid annually
- that you must retain an attorney throughout the administration of this estate

^{*}All information furnished on this application will be utilized and relied upon in the issuance of any bond, on or after the date above. By submitting this application, you acknowledge and authorize the procurement and use of a credit report for the individuals and/or business listed above. If submitted by a third party, you acknowledge and agree that you have the authorization of the applicant.