

**PROBATE COURT OF COSHOCTON COUNTY, OHIO**  
**VAN BLANCHARD II, JUDGE**

IN THE MATTER OF THE:

- TESTAMENTARY TRUST
- SPECIAL NEEDS TRUST

- WRONGFUL DEATH TRUST
- OTHER \_\_\_\_\_

OF \_\_\_\_\_, DECEASED, GRANTOR

CASE NO. \_\_\_\_\_

**TRUSTEE'S INVENTORY**

Inventory of the Real and Personal Estate, with the value of the same, and the yearly rent of the Real Estate belonging to:

Description of Personal Estate and Value Thereof	Value

Description of Personal Estate and Value thereof	Value

Case No. \_\_\_\_\_

**RECAPITULATION**

Total value of Personal Estate ..... \$ \_\_\_\_\_

Total value of Real Estate ..... \$ \_\_\_\_\_

Yearly Rent of Real Estate ..... \$ \_\_\_\_\_

\_\_\_\_\_ Total \$ \_\_\_\_\_

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**AFFIDAVIT**

Trustee of \_\_\_\_\_

being duly sworn, says that the foregoing is a full Inventory of the Real and Personal Estate of the said \_\_\_\_\_, with the value of the same, and the value of the

Trust Estate

yearly rent of said Real Estate, according to the best of \_\_\_\_\_ knowledge.

\_\_\_\_\_  
\_\_\_\_\_

Sworn and subscribed to before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

By \_\_\_\_\_  
Deputy Clerk

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**WAIVER OF NOTICE OF HEARING ON INVENTORY**

The undersigned, who are interested in the estate/trust, waive notice of the hearing on the inventory.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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**CERTIFICATE OF SERVICE OF NOTICE OF HEARING**

The undersigned certified that certain persons interested in the  Account  Inventory:

- Have waived notice of the hearing on said  Account  Inventory.
- Have received notice of the hearing on said Account / Inventory by certified mail. Their waivers or certified mail receipts are attached hereto.
- Have received notice by publication.
- The following persons have not been notified because the place of residence are Unknown and cannot with reasonable diligence be ascertained:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
 Fiduciary  
 Attorney for the above person  
Registration No. \_\_\_\_\_