## THE STATE OF NEW HAMPSHIRE

JUDICIAL BRANCH

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| Cou   | rt Name:  |                             |                                      |                      |               |  |
|---|---|-----------------------------|--------------------------------------|----------------------|---------------|--|
| Case Name:                                    |   | Trust of                    |                                      |                      |               |  |
| Case Number:<br>(if known)                    |   |                             |                                      |                      |               |  |
|   |   |                             | PETITION FOR<br>RSA 463:19           |                      |               |  |
| Named in will Not named in will               |   |                             |                                      |                      |               |  |
| Named in trust instrument Special needs trust |   |                             |                                      |                      |               |  |
|   |   | 🗌 Sı                        | iccessor trustee (testan             | nentary or SNT only) |               |  |
| 1.  | Petitioner Name   |                             |                                      | Telepho              | ne            |  |
|   | Mailing Add   | ress                        |                                      |                      |               |  |
|   | Petitioner Name   |                             |                                      | Telepho              | Telephone     |  |
|   | Mailing Add   | ress                        |                                      |                      |               |  |
| 2.  | Attorney Name   |                             |                                      | Telepho              | Telephone     |  |
|   | Mailing Address   |                             |                                      |                      |               |  |
| 3.  | Deceased Name (if applicable) Date o  |                             |                                      | Date of [            | Death         |  |
|   | Residence (city or town)  |                             |                                      |                      |               |  |
| 4.  | If petition is  | for trustee not             | named in will or trust, th           | ne named trustee,    |               |  |
|   |   |                             |                                      | , has since          |               |  |
|   | been removed, or refused to serve.  |                             |                                      |                      |               |  |
| 5.  | If a testamentary trust, did the decedent waive the requirement for accountings and bond? |                             |                                      |                      |               |  |
|   | Yes   |                             | No                                   |                      |               |  |
| 6.  |   | and addresses<br>ENEFICIARY | of beneficiaries of trust<br>ADDRESS |                      | DATE OF BIRTH |  |
|   |   |                             |                                      |                      |               |  |
|   |   |                             |                                      |                      |               |  |
|   | REMAINDE  | RMAN NAME                   | ADDRESS                              |                      | DATE OF BIRTH |  |
|   |   |                             |                                      |                      |               |  |
|   |   |                             |                                      |                      |               |  |

| Case | e Name: Trust of<br>e Number:<br>ITION FOR TRUSTEE  |      |                          |          |  |  |  |  |
|------|---|------|--------------------------|----------|--|--|--|--|
| 7    | The value of the trust estate, as nearly as can be ascertained, is:<br>Real Estate<br>Personal Estate<br>Total amount of Estate   | \$   |                          |          |  |  |  |  |
| 8.   | Is this a special needs trust petition? Yes No<br>If yes, has a copy of the Petition for Trustee and a copy of the trus<br>Department of Health and Human Services<br>Office of Operations Support<br>129 Pleasant St. Concord NH 03301<br>Date sent: |      | sent to:                 |          |  |  |  |  |
| 9.   | The petitioner requests that appointment be granted to  |      |                          |          |  |  |  |  |
|      | of<br>Town/City   |      | State                    | Zip Code |  |  |  |  |
| this | rtify that on this date I provided this document(s) to the parties who<br>case or who are otherwise interested parties by: Hand-delivery<br>Email (E-mail only by prior agreement of the parties based on Circuit Court Adm                           | OR 🗌 | ] US Mail <sup>°</sup> C |          |  |  |  |  |
| Date | Petitioner Signature  |      |                          |          |  |  |  |  |
|      | ORDER   |      |                          |          |  |  |  |  |
|      | Petition is granted. Letter of trust to issue, conditional on the filing of a fiduciary bond in the amount of \$, without sureties with corporate sureties, within days of this order.  |      |                          |          |  |  |  |  |
| Date | Signature of Judge  |      |                          |          |  |  |  |  |
|      | Printed Name of Jud   | lge  |                          |          |  |  |  |  |