

**PROBATE COURT OF PORTAGE COUNTY, OHIO**  
**PATRICIA J. SMITH, JUDGE**

**IN THE TRUST OF** \_\_\_\_\_  
**FOR THE BENEFIT OF** \_\_\_\_\_  
**CASE NO.** \_\_\_\_\_

**CONTACT INFORMATION FORM – TRUST ACTION**

Please check the applicable box:

- ☐ This is the original contact information for this case.
- ☐ This is amended contact information for this case. Only the information that has changed is shown on this form. All other information remains the same as shown on the original contact information form.

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Attorney for Applicant(s) \_\_\_\_\_

Attorney's Street Address \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Attorney's Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Attorney's Email Address \_\_\_\_\_

Attorney's Registration Number \_\_\_\_\_

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Applicant's Name \_\_\_\_\_

Applicant's Street Address \_\_\_\_\_

City State and Zip Code \_\_\_\_\_

Applicant's Telephone Number \_\_\_\_\_

Applicant's Email Address \_\_\_\_\_

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Co-Applicant's Name \_\_\_\_\_

Co-Applicant's Street Address \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Co-Applicant's Telephone Number \_\_\_\_\_

Co-Applicant's Email Address \_\_\_\_\_

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

Beneficiary's Name \_\_\_\_\_

Beneficiary's Street Address \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Beneficiary's Telephone Number \_\_\_\_\_

Beneficiary's Date of Birth \_\_\_\_\_

Beneficiary's Email Address \_\_\_\_\_

Parent/Legal Guardian(s)  
(If Beneficiary is a minor or ward) \_\_\_\_\_

Parent/Legal Guardian's Street Address \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Parent/Legal Guardian's Telephone Number \_\_\_\_\_

Parent/Legal Guardian's Email Address \_\_\_\_\_

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Beneficiary's Name \_\_\_\_\_

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