

COUNTY COURT, SMITH COUNTY, TEXAS
TRUSTEE / FINANCIAL INSTITUTION GENERAL INFORMATION SHEET

(please print all information)

Cause # _____ Gdn/Est _____

Date Court ordered/approved Trust or Adm.: ____/____/____

Name of Institution: _____

Physical address: _____
(street) (city) (state) (zip)

Mailing address: _____
(street) (city) (state) (zip)

Telephone Number: (____) _____ Fax Number: (____) _____

Email: _____

Federal Identification Number: _____

Name of Officer administering this trust/adm.: _____

Mailing address of Officer: _____
(street) (city) (state) (zip)

Work Hours: _____ Phone: (____) _____ Fax: (____) _____

Supervisor's Name & Title: _____

Mailing Address: _____
(street) (city) (state) (zip)

Work Hours: _____ Phone: (____) _____ Fax: (____) _____

Attorney's name: _____

Mailing Address: _____
(street) (city) (state) (zip)

Phone: (____) _____ Fax: (____) _____ SBN# _____

Email: _____

YOU MUST NOTIFY THE COURT, IN WRITING, OF ANY CHANGE OF ADDRESS

DATE: ____/____/____ **TRUST OFFICER:** _____

THIS INFORMATION SHEET MUST BE COMPLETED IN ITS ENTIRETY AND FILED WITH THE COURT BEFORE LETTERS ISSUE OR THE TRUST IS APPROVED

PRIOR TO COURT HEARING COMPLETE AND EMAIL THIS FORM TO: