## **Probate Bond Application Submission Instructions**

## STEP 1 -Prepare the following documents

o Complete the attached Bond Application Form (a copy of the fillable PDF form attached)

STEP 2 -Email or fax a copy of the above documents to the address below

- o Email- admin@assocbond.com
- o Fax- 1-833-266-3768

STEP 3 -Please provide "need by" date

## PROBATE BOND APPLICATION

P.O. Box 380307 Birmingham, AL 35242 https://assocbond.com admin@assocbond.com



Phone (833)-266-3768 Fax (833)-266-3768 SMS (833)-266-3768

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'Anara	Intorr	mation	$\mathbf{n}$
General			,,(0),

Name of Applicant: Date			ate of Birth:			
Street Address: Social			ocial Security No:_			
City:		State:	Zip Code:	Driver's Lice	nse No:	
Phone Numb	oer:		Email Add	ress:		
Net Worth: Annual Income:						
Occupation:_				lumber of Years:		
Name & Add	ress of Employer:					
Bond Infor	mation Section					
Amount of Bo	ond:		Effective	Date:		
Is Applicant:	Administrator	Executor G	Guardian	County When	County Where Filed:	
	Conservator	onservator Other		Case Numbe	Case Number:	
				Judge:		
	Deceased					
Name of:	Minor(s)				Age(s)	
	Incompetant				Age	
Relationship	to the deceased,	minor, or incomp	etent?			
Is applicant in	ndebted to the Est	Yes	No			
Will Applican	t operate a going	Yes	No			
Do any heirs	disagree with the	Yes	No			
Is the bond a	applied for intende	ty? Yes	No			
Have you been declined by another bond company?				Yes	No	
Please expla	in any yes answei	·s:				
	Real Est	Real Estate \$				
Value of Esta	ate Securitie	s \$		Other Proper	rty \$	
	Debts of	Estate \$				
Name of Atto	orney:					
Address of A	ttorney.					