

<p style="text-align: center; font-weight: bold; font-size: 1.2em;">BOND</p> <p><input type="checkbox"/> Without sureties</p> <p><input type="checkbox"/> With personal sureties</p> <p><input type="checkbox"/> With corporate surety Bond #: _____</p>	<p>Docket No. _____</p>	<p><b>Commonwealth of Massachusetts</b>  <b>The Trial Court</b>  <b>Probate and Family Court</b></p>
<p><b>In the Interests of:</b></p> <p>_____</p> <p style="text-align: center; font-size: 0.8em;">First Name      Middle Name      Last Name</p> <p><b>Incapacitated Person/Protected Person/Ward/Decedent/Trust</b></p>		<p style="text-align: right; font-weight: bold;">Division</p> <p>_____</p>

The condition of this bond is the faithful discharge by the fiduciary of all duties according to law (for Public Administrators see G. L. c. 194, § 2). By executing this bond, a Personal Representative or Trustee submits personally to the jurisdiction of any court of the Commonwealth in any proceeding pertaining to the estate that may be instituted by any interested person. By executing this Bond, any other fiduciary submits personally to the jurisdiction of the Court which issued the Letters of Appointment. This bond is not void after the first recovery but may be proceeded against from time to time until the whole penalty is exhausted.

Estimated Value of Real Estate \_\_\_\_\_ Estimated Value of Personal Estate \_\_\_\_\_

Penal Sum of Bond (if applicable) \_\_\_\_\_

1. Fiduciary Name: \_\_\_\_\_
- First Name      M.I.      Last Name
- \_\_\_\_\_
- (Address)      (Apt, Unit, No. etc.)      (City/Town)      (State)      (Zip)
- Primary Phone #: \_\_\_\_\_
2. Fiduciary Name: \_\_\_\_\_
- First Name      M.I.      Last Name
- \_\_\_\_\_
- (Address)      (Apt, Unit, No. etc.)      (City/Town)      (State)      (Zip)
- Primary Phone #: \_\_\_\_\_

The undersigned fiduciary accepts appointment as \_\_\_\_\_

and stand(s) personally bound to the First Justice of said Court and his or her successors as obligee for the benefit of the persons interested in the estate and declare(s) the above estimates to be true and accurate to the best of his/her knowledge and belief.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Fiduciary 1.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Fiduciary 2.

In the Interests of:

First Name

Middle Name

Last Name

Docket No.

Persons who sign as sureties may be individually or collectively liable in the amount of the penal sum listed on page 1 for losses caused by improper administration of the estate by the fiduciary. By executing this Bond, we, the sureties, consent personally to the jurisdiction of this Court in any proceedings pertaining to fiduciary duties and naming the surety as a party.

Complete the following section if the bond is with personal surety.

Name: \_\_\_\_\_  
First Name Middle Name Last Name

(Address Line )

(Apt, Unit, No. etc.)

\_\_\_\_\_, Massachusetts \_\_\_\_\_ Primary Phone #: \_\_\_\_\_  
(City/Town) (Zip)

***By signing this document I hereby certify under the penalties of perjury that I am a Massachusetts resident and that I possess sufficient unencumbered assets located in Massachusetts in excess of the penal sum.***

Date \_\_\_\_\_  
Signature

Name: \_\_\_\_\_  
First Name Middle Name Last Name

(Address Line )

(Apt, Unit, No. etc.)

\_\_\_\_\_, Massachusetts \_\_\_\_\_ Primary Phone #: \_\_\_\_\_  
(City/Town) (Zip)

***By signing this document I hereby certify under the penalties of perjury that I am a Massachusetts resident and that I possess sufficient unencumbered assets located in Massachusetts in excess of the penal sum.***

Date \_\_\_\_\_  
Signature

Complete the following section if the bond is with corporate surety.

Bond #: \_\_\_\_\_ Penal Sum of Bond: \_\_\_\_\_

We, the undersigned surety company, a corporation duly organized by law under the state of \_\_\_\_\_  
and having a usual place of business in Massachusetts at: \_\_\_\_\_  
\_\_\_\_\_, stand bound as surety in the aforesaid penal sum.  
(Address)

\_\_\_\_\_ by \_\_\_\_\_  
Corporate Surety (name) Signature and Title

**FOR COURT USE ONLY**

\_\_\_\_\_, SS \_\_\_\_\_ examined and \_\_\_\_\_ approved  
Date

Justice-Assistant-Judicial Case Manager-Assistant Register-Magistrate  
of the Probate and Family Court