## PROBATE COURT OF BUTLER COUNTY, OHIO

EST	ATE OF		, DECEASED		
CAS	SE NO				
	APPLICATION FOR SUMMA	ARY RELEASE FROM AL [R.C. 2113.031]	DMINISTRATION		
App	licant states that decedent died on _				
Dec	edent's domicile was	01 1441			
		Street Address			
City or	r Village, or Township if unincorporated area		County		
Post 0	Office	State	Zip Code		
[Chec	k one of the following]				
	The applicant is decedent's surviving spouse entitled to one hundred percent of the allowance for support and decedent's funeral and burial expenses have been prepaid or the surviving spouse has paid or is obligated in writing to pay decedent's funeral and burial expenses and the value of the assets does not exceed the \$40,000 allowance for support under R.C 2106.13(B) plus an amount not exceeding \$5,000 for decedent's funeral and burial expenses				
	The applicant, who is not the survi decedent's funeral and burial expen the amount of decedent's funeral ar	ses and the value of the asse			
oblig	ched hereto is a receipt, contract or ogation to pay decedent's funeral and be prepayment receipt, if applicable.				
	decedent's surviving spouse, next of attached Form 1.0.	kin, legatees and devisees kn	nown to applicant, are listed		
	licant states that there are no pending elief of decedent's estate from admini	<b>J</b> .	tration of decedent's estate		
All k	nown assets with date of death value	es of the estate are as follows:	:		
	Motor Vehicles (include year, make number Certificate of Title number:	e, model, body type, manufact	turer's vehicle identification		
			\$		
			\$		

		CASE NO		
	Accounts maintained by a Financial Institute account's complete identifying number):	ution (includ	de financial institution	name, and the
			\$	
			\$	
	Stocks and Bonds (include for each stock or name and address of its transfer agent, and			
			\$	
			\$	
	Real estate described in accompanying Fo Form 12.1 Certificate of Transfer and date			of Transfer and
	[Attach verification of value.]		<u>\$</u>	
	Other assets and date of death values			
			\$	
			\$	
			Total Assets \$	
	olicant requests an order granting summary re orney for Applicant		s Signature	
Typed or Printed Name		Applicant's Typed or Printed Name		
Street Address		Street Address		
City	State Zip Code	City	State	Zip Code
Phone Number (include area code)		Phone Number (include area code)		
Atto	orney Registration No			
Sigr	ned and acknowledged by the applicant in m	y presence	thisday of	
		Notary F	Public/Deputy Clerk	