

**PROBATE COURT OF BUTLER COUNTY, OHIO**  
**JOHN M. HOLCOMB, JUDGE**

**IN THE MATTER OF THE:**

- ESTATE**
- GUARDIANSHIP**
- TRUST**

**OF** \_\_\_\_\_ , **DECEASED, WARD, GRANTOR**

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

**APPLICATION FOR PAYMENT OF UNDISTRIBUTABLE FUNDS**

(R.C. 2113.67)

This day the undersigned makes application to the Court for payment of funds deposited for the applicant's benefit.

- Funds were deposited in US Bank,  
Account No. \_\_\_\_\_ , on the \_\_\_\_\_ day of \_\_\_\_\_ , \_\_\_\_\_
  
- Funds deposited or account transferred to Butler County Treasurer on the \_\_\_\_\_ day  
of \_\_\_\_\_ , \_\_\_\_\_ in the amount of \$ \_\_\_\_\_

Applicant states they are the heir, next of kin, legatee or beneficiary for whose benefit the deposit was made.

\_\_\_\_\_  
Attorney for Applicant

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone No. (Include area code)

\_\_\_\_\_  
Phone No. (Include area code)

\_\_\_\_\_  
Attorney Registration No.

**ENTRY**

Based on the above application, the Court finds the applicant is the person entitled to the payment of the funds and hereby:

- Orders the US Bank to pay over to them all funds on deposit, upon the signing by the applicant of the proper withdrawal slip and other documents required by the Bank.
  
- Orders the Butler County Auditor to issue a warrant for the amount of \$ \_\_\_\_\_  
to be made payable to \_\_\_\_\_

Applicant must also sign release on page 2 of this form.

\_\_\_\_\_  
John M. Holcomb, Judge

RECEIPT AND RELEASE BY APPLICANT

I, \_\_\_\_\_, acknowledge receipt of:

- Account No. \_\_\_\_\_ as issued by US Bank, a financial institution.
- Butler County warrant in the amount of \$ \_\_\_\_\_

I hereby knowingly and voluntary release the Butler County Probate Judge from all actions, claims, damages and demands whatsoever which I now have or ever had or which my heirs, executor or administrator may have which are associated with the receiving and holding of said funds. Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Applicant

Witnesses:

\_\_\_\_\_  
  
\_\_\_\_\_

AFTER THE FUNDS ARE RETURNED TO THE APPLICANT, US BANK OR THE BUTLER COUNTY AUDITOR MUST RETURN THIS RECEIPT FOR FILING TO:

BUTLER COUNTY PROBATE COURT  
101 HIGH STREET, 2<sup>ND</sup> FLOOR  
HAMILTON, OHIO 45011