

**PROBATE COURT OF BUTLER COUNTY, OHIO**

**ESTATE OF** \_\_\_\_\_ , **DECEASED**

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

**APPLICATION FOR APPOINTMENT OF COMMISSIONER  
WHERE SPOUSE IS UNDER DISABILITY**

[RC § 2106.08]

The undersigned respectfully represents that \_\_\_\_\_ , deceased,  
late of said county, died testate on Ohio, died testate on \_\_\_\_\_ , leaving  
\_\_\_\_\_, as surviving spouse; that the will was duly admitted to probate on  
\_\_\_\_\_ ; and that the surviving spouse is under legal disability by reason of  
\_\_\_\_\_

and is unable to make an election as provided by RC § 2107.39.

Therefore the undersigned hereby makes application to the Court to appoint some suitable person to ascertain the value of the provisions made for such surviving spouse by the testator and the value of the rights in the estate of such testator under RC § 2105.06, and the adequate support needs of the surviving spouse.

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

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

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Phone Number (include area code)

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

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Typed or Printed Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Phone Number (include area code)