

PROBATE COURT OF BUTLER COUNTY, OHIO

ESTATE OF _____, DECEASED

CASE NO. _____

CLASSIFICATION FORM FOR ESTATES

[Check whichever of the following apply]

- This estate requires full administration, and there are no special instructions to the Court.
- A citation to the surviving spouse to elect to take under or against the Will shall be required in this estate.
- Pursuant to R.C. 2109.301(B)(2), the estate is not required to file a partial account or a final account. A Certificate of Termination shall be filed herein.
- This estate is being opened to pursue a claim for wrongful death or survival action as a result of personal injury, and there are no assets to administer.
- There are probate assets to administer, and this estate will remain open to pursue a claim for wrongful death or survival action as a result of personal injury.
- This estate is being opened solely for the purpose of filing or continuing a cause of action in favor of or against the decedent's estate.

-
- Fiduciary for the Estate
 - Attorney for the Estate

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF: _____

CASE NO. _____

STATEMENT OF PERMANENT ADDRESS

(R.C. 2109.21(F))

I, _____, fiduciary of the _____ of _____, declare the following to be my permanent address. I understand that I am required to notify the Court of any change in my address.

Permanent Address:

Full Name

Address (Must be street address, no PO permitted)

City, State, Zip

Phone Number

I understand if I fail to comply with this requirement, I may be removed as fiduciary.

Signature

Typed Name & Title

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF _____

CASE NO. _____

**APPLICATION TO ADMIT AUTHENTICATED RECORD OF
EXTRACOUNTY (OR EXTRASTATE) ADMINISTRATION
PROCEEDINGS TO RECORD**

Applicant represents as follows: [Check whichever of the following apply]

- _____ died on or about the _____ day of _____, _____.
- Guardianship of _____ (Incompetent/minor) was granted on the _____ day of _____, _____.
- Original proceedings were in _____ County, _____.
- Decedent/Ward owned real estate in Butler County, Ohio.
- Other _____.

Attorney for Applicant

Applicant

Typed or Printed Name

Typed or Printed Name

Address

Address

Phone No. [include area code]

Phone No. [include area code]

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF _____

CASE NO. _____

ENTRY ADMITTING AUTHENTICATED RECORD OF EXTRACOUNTY (OR EXTRASTATE) ADMINISTRATION PROCEEDINGS TO RECORD

The authenticated record of administration proceedings held in the _____
Court of _____ County, _____, having been
filed in this Court for record and it appearing that said decedent left real estate in Butler County, Ohio, it is
ordered that the authenticated record of the administration proceedings in the Court of original jurisdiction
be admitted to record in this Court as provided by law.

Probate Judge

Attorney

PROBATE COURT OF BUTLER COUNTY, OHIO

ESTATE OF _____, DECEASED

CASE NO. _____

APPLICATION FOR AUTHORITY TO ADMINISTER ESTATE

[R.C. 2109.02 and 2109.07]

[For Executors and all Administrators; attach supplemental application for ancillary administration, if applicable]

Applicant says that decedent died on _____,

Decedent's domicile was _____ Street Address

_____ City or Village, or Township if unincorporated area County

_____ Post Office State Zip Code

Applicant asks to be appointed _____ of decedent's estate.

[Check whichever of the following are applicable] - [] To applicant's knowledge, decedent did not leave a Will - Decedent's Will has been admitted to probate in this Court - A supplemental application for ancillary administration is attached.

Attached is a list of the surviving spouse, children, next of kin, and legatees and devisees, known to applicant, which list includes those persons entitled to administer the estate.

The estimated value of the estate is:

Table with 2 columns: Description and Value. Rows include Personal property, Annual real property rentals, Subtotal, personalty and rentals, Real property, Total estimated estate, Applicant owes the estate, and The estate owes applicant.

[Check one of the following four paragraphs]

[] Applicant says that decedent's Will requests that no bond be required, and therefore asks the Court to dispense with bond.

[] Applicant is a trust company duly qualified in Ohio, and bond is dispensed with by law.

CASE NO. _____

- Applicant is decedent's surviving spouse, and is entitled to the entire net proceeds of the estate, or applicant is the next of kin entitled to the entire net proceeds of the estate and there is no will. Bond is dispensed with by law.
- Applicant offers the attached bond in the amount of \$ _____ .

Applicant accepts the duties of fiduciary in the estate, imposed by law, and such additional duties as may be required by the Court. Applicant acknowledges being subject to removal as fiduciary for failure to perform such duties as required, and also acknowledges being subject to criminal penalties for improper conversion of any property held as fiduciary.

Attorney for Applicant

Applicant

Typed or Printed Name

Typed or Printed Name

Address

Address

Phone Number (include area code)

Phone Number (include area code)

Attorney Registration No. _____

WAIVER OF RIGHT TO ADMINISTER
[R.C. 2113.06]

The undersigned, being persons entitled to administer decedent's estate, and whose priority of right to do so is equal or superior to that of applicant, hereby waive appointment to administer the estate.

ENTRY SETTING HEARING AND ORDERING NOTICE

The Court sets _____ , at _____ o'clock ____ .M. as the date and time for hearing the application for authority to administer decedent's estate. The Court orders notice to take or renounce administration to be given those persons entitled to administer decedent's estate, whose priority of right to do so is equal or superior to that of applicant, and who have not waived appointment to administer the estate.

Date

Probate Judge

PROBATE COURT OF BUTLER COUNTY, OHIO

ESTATE OF _____, DECEASED

CASE NO. _____

SUPPLEMENTAL APPLICATION FOR ANCILLARY ADMINISTRATION

Applicant says that the decedent named in the attached application for authority to administer the estate died **[check one of the following]** - owning property in this county - having a debtor residing in this county.

Applicant is a resident of Ohio.

[Check one of the following three paragraphs]

Applicant is the general executor named in decedent's Will, and is duly appointed, qualified and acting in that capacity in the state of _____. An exemplified record of the grant of his letters of authority is attached.

Applicant is named in decedent's Will as executor of his Ohio estate.

Applicant is a resident of this county. Decedent either died intestate, or did not designate an Ohio executor or administrator in his Will.

[Check if applicable] - An authenticated copy of decedent's Will, duly proved in another state, is attached and offered for record.

The estimated value of decedent's Ohio estate is \$ _____.

Applicant

PROBATE COURT OF BUTLER COUNTY, OHIO

ESTATE OF _____, DECEASED

CASE NO. _____

FIDUCIARY'S BOND

[For Executors and all Administrators]

Amount of Bond \$ _____

The undersigned principal, and sureties if any, are obligated to the State of Ohio in the above amount, for payment of which we bind ourselves and our successors, heirs, executors and administrators, jointly and severally.

The principal has accepted in writing the duties of fiduciary in decedent's estate, including those imposed by law and such additional duties as may be required by the Court.

This obligation is void if the principal performs such duties as required.

This obligation remains in force if the principal fails to perform such duties, or performs them tardily, negligently, or improperly, or if the principal misuses or misappropriates estate assets or improperly converts them to his own use or the use of another.

[Check if personal sureties are involved] - The sureties certify that each of them owns real estate in this county, with a reasonable net value as stated below.

Date

Principal

Surety

Surety

by _____
Attorney in Fact

by _____
Attorney in Fact

Typed or Printed Name

Typed or Printed Name

Address

Address

Net value of real estate owned in this county

Net value of real estate owned in this county

\$ _____

\$ _____

PROBATE COURT OF BUTLER COUNTY, OHIO

ESTATE OF _____, **DECEASED**

CASE NO. _____

WAIVER OF RIGHT TO ADMINISTER

Application of _____ for appointment to administer decedent's estate.

The undersigned, being persons entitled to administer decedent's estate, and whose priority of right to do so is equal or superior to that of the applicant, hereby waive appointment to administer the estate.

_____	_____
_____	_____
_____	_____

PROBATE COURT OF BUTLER COUNTY, OHIO

ESTATE OF _____, DECEASED

CASE NO. _____

FIDUCIARY'S ACCEPTANCE (EXECUTOR - ADMINISTRATOR)

[R.C. 2109.02]

I, the undersigned, hereby accept the duties which are required of me by law and such additional duties as are ordered by the Court having jurisdiction of the subject matter of the trust, as Executor/Administrator. Among those duties are:

1. Collecting assets and administering same according to law. Inventory any safe deposit box of the decedent.
2. Depositing funds which come into my hands in a lawful depository located in this state.
3. Keep estate funds in separate estate accounts at all times during the administration of the estate.
4. Make and file an inventory and appraisal of such assets within 3 months after appointment, unless the court extends the time for good cause shown.
5. After inventory is filed, if other assets are discovered, file an amended inventory, a report of newly discovered assets or a new inventory within 30 days of such discovery in accordance with local rules.
6. After three months from appointment proceed with diligence to pay debts.
7. File all tax documents as required by law.
8. For estates where the decedent died after December 31, 2001, send Notice of Probate of Will (if applicable) within 2 weeks of my appointment, prepare and file the final account within 6 months of my appointment or such other times as extended by the Court or by law.
9. For estates where the decedent died prior to January 1, 2002, prepare and file a first account within 9 months following my appointment, or such time as extended by the Court. File additional accounts on at least an annual basis.
10. Immediately notify the Probate Court if I change my address.

I acknowledge that I am subject to removal as such fiduciary if I fail to perform such duties.

I also acknowledge that I am subject to possible penalties for improper conversion of the property which I hold as such fiduciary.

Date: _____

Signed _____

NOTE: Sec. 2109.02. Every fiduciary, before entering upon the execution of a trust shall receive letters of appointment from a probate court having jurisdiction of the subject matter of the trust.

The duties of a fiduciary shall be those required by law, and such additional duties as the court orders. Letters of appointment shall not issue until a fiduciary has executed a written acceptance of his duties, acknowledging that he is subject to removal for failure to perform his duties, and that he is subject to possible penalties for conversion of property he holds as a fiduciary. The written acceptance may be filed with the application for appointment.

PROBATE COURT OF BUTLER COUNTY, OHIO

ESTATE OF _____, DECEASED

CASE NO. _____

ENTRY APPOINTING FIDUCIARY; LETTERS OF AUTHORITY

[For Executors and all Administrators]

Name and Title of Fiduciary _____

On hearing in open court the application of the above fiduciary for authority to administer decedent's estate, the Court finds that:

Decedent died [check one of the following] - testate - intestate on _____, domiciled in _____.

[Check one of the following] - Bond is dispensed with by the Will - Bond is dispensed with by law - Applicant has executed and filed an appropriate bond, which is approved by the Court; and

Applicant is a suitable and competent person to execute the trust.

The Court therefore appoints applicant as such fiduciary, with the power conferred by law to fully administer decedent's estate. This entry of appointment constitutes the fiduciary's letters of authority.

Date

Probate Judge

CERTIFICATE OF APPOINTMENT AND INCUMBENCY

The above document is a true copy of the original kept by me as custodian of the records of this Court. It constitutes the appointment and letters of authority of the named fiduciary, who is qualified and acting in such capacity.

[Seal]

Probate Judge/Clerk

Date

PROBATE COURT OF BUTLER COUNTY, OHIO

ESTATE OF _____, DECEASED

CASE NO. _____

APPOINTMENT OF APPRAISER

The fiduciary appoints _____ to appraise those assets of decedent's estate which do not have readily ascertainable value, and asks the Court to approve the appointment. Subject to Court approval on the amount of such compensation, the fiduciary agrees to pay the appraiser reasonable compensation for his services as part of the expenses of administering the estate.

Fiduciary [or applicant]

ENTRY SETTING HEARING

The Court sets _____ at _____ o'clock ____ .M. as the date and time for hearing the above appointment of appraiser.

Date

Probate Judge

ENTRY APPROVING APPRAISER

The appointment of appraiser in the above application is hereby approved.

Date

Probate Judge

PROBATE COURT OF BUTLER COUNTY, OHIO

ESTATE OF _____, **DECEASED**

CASE NO. _____

INVENTORY AND APPRAISAL

[R.C. 2115.02 and 2115.09]

To the knowledge of the fiduciary the attached schedule of assets in decedent's estate is complete. The fiduciary determined the value of those assets whose values were readily ascertainable and which were not appraised by the appraiser, and that such values are correct.

The estate is recapitulated as follows:

Tangible personal property		\$	_____
Intangible personal property		\$	_____
Real property		\$	_____
Total		\$	_____
First automobile transferred to surviving spouse under R.C. 2106.18	value	\$	_____
Second automobile transferred to surviving spouse under R.C. 2106.18	value	\$	_____
Total value [not to exceed \$65,000.00]		\$	_____

___ The fiduciary is also the surviving spouse of the decedent and waives notice of the taking of the inventory.

Attorney
Attorney Registration No. _____

Fiduciary

APPRAISER'S CERTIFICATE

The undersigned appraiser agrees to act as appraiser of decedent's estate and to appraise the property exhibited truly, honestly, impartially, and to the best of the appraiser's knowledge and ability. The appraiser further says that those assets whose values were not readily ascertainable are indicated on the attached schedule by a check in the "Appraised" column opposite each such item, and that such values are correct.

Appraiser

CASE NO. _____

WAIVER OF NOTICE OF TAKING OF INVENTORY
[R.C. 2115.04]

The undersigned surviving spouse hereby waives notice of the time and place of taking the inventory of decedent's estate.

Surviving Spouse

WAIVER OF NOTICE OF HEARING ON INVENTORY
[Use when notice is required by the Court or deemed necessary by the fiduciary]

The undersigned, who are interested in the estate, waive notice of the hearing on the inventory.

_____	_____
_____	_____
_____	_____
_____	_____

ENTRY SETTING HEARING

The Court sets _____ at _____ o'clock _____.M., as the date and time for hearing the inventory of decedent's estate.

Date

Probate Judge

PROBATE COURT OF BUTLER COUNTY, OHIO

ESTATE OF _____, **DECEASED**

CASE NO. _____

**STATEMENT OF COUNSEL CONCERNING
EXAMINATION OF RECORD TITLE**

The undersigned states that he/she has examined the real estate records of the County in which the hereinafter real estate is located, as set out in the Inventory and Appraisal filed herewith and described specifically below, and that to the beset of the undersigned's knowledge, from said records, the above decedent had at the time of decedent's death the interest in the real estate which is set forth in the Inventory and Appraisal.

Name

Firm Name

Address

Attorney of Record Signature

City, State, Zip

Attorney Name and Registration Number

Phone (include area code)

Attorney Registration Number

The legal description of decedent's interest in the real property subject to this statement is:

Note: If the decedent's interest in the real property is a fractional interest this should be stated.

Prior Instrument Reference: _____

Parcel No.: _____

Address of Property: _____

100% Taxable Value of Real Estate per Auditor's Records: _____

Description: _____

Open Mortgages of Record: (list all open mortgages with book/page with face amount and recording information)

Open Liens of Record: (list all open liens which attached to the subject real estate) _____

Comments: _____

(Use continuation page, if necessary)

PROBATE COURT OF BUTLER COUNTY, OHIO

ESTATE OF _____, DECEASED

CASE NO. _____

CONSENT TO POWER TO SELL REAL ESTATE

The undersigned are the surviving spouse and legatees, devisees or heirs of decedent. Each declares that he is an adult.

The undersigned empower the fiduciary in the estate, at any time, to sell at public or private sale, or to grant options to buy, or to exchange or re-exchange real estate belonging to the estate, and to execute and deliver the necessary deeds or other conveyances, consistent with law and this power of sale.

Any such sale, option, exchange or re-exchange shall be on terms consistent with law and at a price of not less than eighty per cent of the appraised value of the parcel, as shown on the inventory and appraisal filed in this Court.

[Check one of the following]

The power of sale consented to herein is general, and extends to all real estate in the estate.

The power of sale consented to herein is limited, and applies only to the parcels of real estate particularly described below **[describe on back]**.

_____	_____
_____	_____
_____	_____
_____	_____

The particular parcels of real estate in decedent's estate and to which this power of sale is limited are described as follows (be sure to include parcel number) **[use continuation sheet if necessary]**:

PROBATE COURT OF BUTLER COUNTY, OHIO

ESTATE OF _____, DECEASED

CASE NO. _____

APPLICATION FOR CERTIFICATE OF TRANSFER

[R.C. 2113.61]

Applicant states that decedent died on _____

Decedent's residence at death was _____
Street Address

City or Village, or Township if unincorporated area County

Post Office State Zip Code

Decedent died owning the real property described in the accompanying Certificate of Transfer No _____, which also lists those persons to whom the real property passed. Applicant asks the Court to issue a Certificate of Transfer so that new ownership interests may be recorded.

[Check the applicable boxes]

- Decedent died intestate.
- Decedent died testate on _____; will admitted to probate on _____.
- Decedent's known debts have been paid or secured to be paid.
- Sufficient other assets are in hand to pay decedent's known debts.
- Estate is insolvent and the transfer shall apply toward the allowance for support.
- Applicant was appointed by this Court on _____ and is the qualified and acting executor or administrator of decedent's estate.
- Executor or administrator of decedent's estate failed to file this application before being discharged.
- Applicant is the executor or administrator appointed in another state. There is and has been no ancillary administration in Ohio. The real property to be transferred is located in this county.
- The transfer is subject to a written contract for the sale and conveyance of the real property, entered into but uncompleted by decedent before death. A copy of the contract is attached.
- There has been no administration and none is contemplated [R.C. 2113.61(D)].
- The transfer is pursuant to decedent's Will.
- The transfer is pursuant to the statutes of descent and distribution.
- The transfer is pursuant to summary release from administration [R.C. 2113.031(D)(3)]
- The real property to be transferred is subject to a charge in favor of the surviving spouse in the amount of \$ _____ as computed pursuant to R.C. 2106.11 on attached Exhibit A, and as shown on the accompanying Certificate of Transfer, in respect of the unpaid balance of the specific monetary share which is part of the surviving spouse's total intestate share.

CASE NO. _____

- Spousal elections have been exercised.
- Disclaimers or assignments have been filed.
- The transfer is of decedent's entire interest in the mansion house to the surviving spouse, who hereby elects to take such interest as part or all of the intestate share and/or allowance for support. **[If this paragraph is checked, the following must be completed, and both the surviving spouse and applicant must sign this form].**

The value of the total intestate share to which decedent's surviving spouse is entitled is..... \$ _____

The value of the allowance for support to which decedent's surviving spouse is entitled is..... \$ _____

The value of decedent's entire interest in the mansion house is:

Interest in mansion house.....\$ _____

Interest in household goods in house.....\$ _____

Interest in lots or farm land adjacent to house and used in conjunction with it, which are described in Certificate of Transfer and which spouse hereby elects to include.....\$ _____

Less: Decedent's share of liens on any and all of above.....\$ _____

Total.....\$ _____ \$ _____

Surviving Spouse

Applicant

Title or status

ENTRY ISSUING CERTIFICATE OF TRANSFER

The Court finding that the above application contains the information required by statute orders that Certificate of Transfer No. _____ be filed with this Entry and a copy of the Certificate of Transfer be issued for recording.

[Check if applicable] The Court further finds that the transfer is subject to a charge pursuant to R.C. 2106.11.

Date

Probate Judge



Ohio Department of TAXATION

Estate Tax Division
1 (800) 977-7711
www.ohio.gov/tax

Date Estate Tax Return and/or
this Form Filed in Probate Court

Certificate of Estate Tax Payment and Real Property Disclosure for Dates of Death on or after November 8, 1990

This form should not be sent to the Estate Tax Division in Columbus.

Estate of: Decedent's last name		Decedent's first name and initial
County of residence	Case number	Date of death

Part I – Please complete either Section A or B, whichever is applicable.

A. This section is to be completed by the estate representative where an Ohio Estate Tax Return is required to be filed.

Date of death (please check one):

- On or after January 1, 2002 – over \$338,333
- On or after January 1, 2001 through December 31, 2001 – over \$200,000
- On or after June 30, 1983 through December 31, 2000 – over \$25,000.

- The estate tax return due for this estate was filed in probate court on the date stamped hereon.
- All estate taxes shown due, if any, on the return have been paid in full. (This step will take effect upon verification by the County Auditor on page 3, Part II of this form.)
- All real property listed in the inventory for the decedent's estate is included in the estate tax return as well as the following real property not listed in the inventory and attached to this certificate.
- The real property attached to this certificate shall be free of any lien for estate taxes under O.R.C. Sections 5731.02 and 5731.19(A). This certificate does not take effect until verification of payment of tax is received from the County Auditor's office. This certificate does not reflect the Tax Commissioner's final determination of estate tax under O.R.C. Section 5731.26.

B. This section is to be completed by the estate representative where no Ohio Estate Tax Return is required to be filed.

Date of death (please check one):

- On or after January 1, 2002 – under \$338,333
- On or after January 1, 2001 through December 31, 2001 – under \$200,000
- On or after June 30, 1983 through December 31, 2000 – under \$25,000.

- No estate tax return is required to be filed because the gross estate, which includes all real property, falls below the filing requirements set forth in O.R.C. Section 5731.21(A)(3).
- All real property listed in the attached inventory for the decedent's estate, as well as the following real property not listed in the inventory and attached to this certificate, shall be free of any lien for estate taxes under O.R.C. Sections 5731.02 and 5731.19(A).

Declaration

The information contained on this certificate, to the best of my knowledge, is true and complete.

Name of estate representative

Address of estate representative

Signature of estate representative

Date

Instructions for Completion

Estate Representative

If an estate tax return is required to be filed.

- ▶ The estate representative completes **Section A** in **Parts I and II** of this certificate. The estate representative is required to sign **Part I** of the certificate. For dates of death on or after November 8, 1990, this certificate is required to accompany one of the following returns when it is filed with the probate court:
 - (a) Resident Ohio Estate Tax Return (Estate Tax Form 2)
 - (b) Nontaxable Return (Estate Tax Form 2)
 - (c) Ohio Nonresident Estate Tax Return (Estate Tax Form 4)
 - (d) Amended Resident Ohio Estate Tax Return (Estate Tax Form 2-X)

If no estate tax return is required to be filed.

- ▶ The estate representative completes **Section B** in **Part I** only. The estate representative is required to sign **Part I** of this certificate.

Probate Court

If an estate tax return is required to be filed.

- ▶ Upon receipt of one of the above-listed returns for filing, the probate court date stamps both the return and **Part I** of this certificate.

Part I is maintained in the court's public record file. **Part II** of this certificate is forwarded to the county auditor with the filed return or Estate Tax Form 5 for verification of payment of tax.

After receipt of **Part II** of this certificate from the county auditor, the probate court signs and date stamps **Section C**. **Part II** is then filed with **Part I** in the public record file.

If no estate tax return is required to be filed.

- ▶ The probate court date stamps **Part I** of this certificate. **Part I** is then maintained in the probate court's public record file. **Part II** is not applicable.

County Auditor

If an estate tax return is required to be filed.

- ▶ If the estate taxes have been paid in full, the county auditor completes **Section B** of **Part II** of this certificate to verify that the taxes have been paid in full. The county auditor validates the date the return was filed. **Part II of this certificate is maintained at the county auditor's office until all taxes shown to be due have been paid.** When the taxes are paid, the county auditor signs and date stamps **Part II**. After completion, **Part II** is returned to the probate court. This same procedure is followed for nontaxable filings.

If no estate tax return is required to be filed.

- ▶ Neither **Part I** nor **Part II** of this certificate shall be forwarded to the county auditor's office.

Property Description

If an estate tax return is required to be filed.

- ▶ Attach all real property not listed in the inventory including permanent parcel number, address and full legal description.

If no estate tax return is required to be filed.

- ▶ Attach a copy of the inventory for the decedent's estate as well as all real property not listed on the inventory, including permanent parcel number, address and full legal description.

**Certificate of Estate Tax Payment and Real Property Disclosure
for Dates of Death on or After November 8, 1990
(O.R.C. Section 5731.21)**

Part II

A. This section is to be completed by the Estate Representative.

Estate of _____ Case number _____
Date of death _____ County _____

B. This section is to be completed by the County Auditor.

I hereby verify that the estate taxes shown due on the estate tax return filed on _____
have been paid in full.

County Auditor

By: _____
Deputy

**Date Tax Paid to
County Auditor**

C. This section is to be completed by the Probate Judge.

The verification of this certificate by the County Auditor was filed in this court on the date
stamped hereon.

Probate Judge

By: _____
Deputy

**Date Filed in
Probate Court**

Instructions for Completion

Estate Representative

If an estate tax return is required to be filed.

- ▶ The estate representative completes **Section A** in **Parts I and II** of this certificate. The estate representative is required to sign **Part I** of the certificate. For dates of death on or after November 8, 1990, this certificate is required to accompany one of the following returns when it is filed with the probate court:
 - (a) Resident Ohio Estate Tax Return (Estate Tax Form 2)
 - (b) Nontaxable Return (Estate Tax Form 2)
 - (c) Ohio Nonresident Estate Tax Return (Estate Tax Form 4)
 - (d) Amended Resident Ohio Estate Tax Return (Estate Tax Form 2-X)

If no estate tax return is required to be filed.

- ▶ The estate representative completes **Section B** in **Part I** only. The estate representative is required to sign **Part I** of this certificate.

Probate Court

If an estate tax return is required to be filed.

- ▶ Upon receipt of one of the above-listed returns for filing, the probate court date stamps both the return and **Part I** of this certificate.

Part I is maintained in the court's public record file. **Part II** of this certificate is forwarded to the county auditor with the filed return or Estate Tax Form 5 for verification of payment of tax.

After receipt of **Part II** of this certificate from the county auditor, the probate court signs and date stamps **Section C**. **Part II** is then filed with **Part I** in the public record file.

If no estate tax return is required to be filed.

- ▶ The probate court date stamps **Part I** of this certificate. **Part I** is then maintained in the probate court's public record file. **Part II** is not applicable.

County Auditor

If an estate tax return is required to be filed.

- ▶ If the estate taxes have been paid in full, the county auditor completes **Section B** of **Part II** of this certificate to verify that the taxes have been paid in full. The county auditor validates the date the return was filed. **Part II of this certificate is maintained at the county auditor's office until all taxes shown to be due have been paid.** When the taxes are paid, the county auditor signs and date stamps **Part II**. After completion, **Part II** is returned to the probate court. This same procedure is followed for nontaxable filings.

If no estate tax return is required to be filed.

- ▶ Neither **Part I** nor **Part II** of this certificate shall be forwarded to the county auditor's office.

Property Description

If an estate tax return is required to be filed.

- ▶ Attach all real property not listed in the inventory including permanent parcel number, address and full legal description.

If no estate tax return is required to be filed.

- ▶ Attach a copy of the inventory for the decedent's estate as well as all real property not listed on the inventory, including permanent parcel number, address and full legal description.

PROBATE COURT OF BUTLER COUNTY, OHIO

ESTATE OF _____, **DECEASED**

CASE NO. _____

CERTIFICATE OF TERMINATION

[R.C. 2109.30.1(B)(2)]

I certify that I am the executor or administrator and the sole legatee, devisee or heir.

I further certify:

- (1) all debts and claims presented to the estate have been paid in full or settled finally;
- (2) an estate tax return, if required under Chapter 5731 of the Revised Code, has been filed, and any estate tax due under that chapter has been paid;
- (3) all attorney fees have been [check one] waived by counsel of record, paid to counsel of record in the amount of \$ _____ ;
- (4) all fiduciary fees have been [check one] waived by the fiduciary; paid to the fiduciary in the amount of \$ _____ ;
- (5) all assets remaining after completion of the activities described above have been distributed to myself as the sole legatee, devisee or heir.

Attorney for Fiduciary

Fiduciary

Attorney Registration No. _____

ENTRY

Based upon the above certification it is ordered that the fiduciary and surety, if any, are discharged.

Probate Judge

PROBATE COURT OF BUTLER COUNTY, OHIO

ESTATE OF _____, DECEASED

CASE NO. _____

FIDUCIARY'S ACCOUNT

[R.C. 2109.30, 2109.301 and 2109.32]

[Executors and Administrators]

The fiduciary offers the account given below and on the attached itemized statement of receipts and disbursements. The fiduciary states that the account is correct, and asks that it be approved and settled.

[Check one of the following]

- This is a partial account. A statement of the assets remaining in the fiduciary's hands is attached.
- This is a final account. A statement of the assets remaining in the fiduciary's hands for distribution to the beneficiaries is attached.
- This is an account of distribution and the fiduciary asks to be discharged upon its approval and settlement.
- This is a final and distributive account and the fiduciary asks to be discharged upon its approval and settlement.
- This is a supplemental final account.

[Complete if this is a partial account, or if one or more of the accounts have previously been filed in the estate] The period of this account is from

_____ to _____

[Complete if applicable] Accounts previously filed in the estate, the accounting periods, and the fiduciary and attorney fees paid for each period, are as follows:

Date Filed	Accounting Period	Fiduciary Fees Paid	Attorney Fees Paid

Note:

2117.06(K) states: "The distributee may be liable to the estate up to the value of the distribution and may be required to return all or any part of the value of the distribution if a valid claim is subsequently made against the estate within the time permitted under this section.

2109.32(C) states: "The rights of any person with a pecuniary interest in the estate are not barred by approval of an account pursuant to division (A) and (B) of this section. These rights may be barred following a hearing on the account pursuant to section 2109.33 of the Revised Code.

CASE NO. _____

This account is recapitulated as follows:

RECEIPTS

Personal property not sold	\$ _____
Proceeds from sale of personal property	_____
Real property not sold	_____
Proceeds from sale of real property	_____
Income	_____
Other receipts	_____
Total receipts	\$ _____

DISBURSEMENTS

Fiduciary fees this accounting period	\$ _____
Attorney fees this accounting period	_____
Other administration costs and expenses	_____
Debts and claims against estate	_____
Ohio and federal estate taxes	_____
Personal property distributed in kind	_____
Real property transferred	_____
Other distributions to beneficiaries	_____
Other disbursements	_____
Total disbursements	\$ _____

BALANCE REMAINING IN FIDUCIARY'S HANDS \$ _____

Attorney

Fiduciary

Attorney Registration No. _____

Date

ENTRY SETTING HEARING

The Court sets _____ at _____ o'clock ____ .M., as the date and time for hearing the above account.

Date

Probate Judge

PROBATE COURT OF BUTLER COUNTY, OHIO

ESTATE OF _____, DECEASED

CASE NO. _____

RECEIPTS AND DISBURSEMENTS

[Attach to fiduciary's account]

Page ___ of ___ pages

Following is an itemized statement of receipts and disbursements by the fiduciary in the administration of his trust.

Date	Item	Voucher No.	Value or Amount	Value or Amount
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Page of

Date	Item	Voucher No.	Value or Amount	Value or Amount
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Fiduciary

PROBATE COURT OF BUTLER COUNTY, OHIO

ESTATE OF _____

CASE NO. _____

**CERTIFICATE OF SERVICE OF ACCOUNT
TO HEIRS OR BENEFICIARIES**
[R.C. 2109.32]

This is to certify that a true and accurate copy of the _____ account was
Type of Account

served _____ upon all beneficiaries of the estate except:
Date

The following heir or beneficiary whose address is unknown:

The following beneficiary of a specific bequest or devise who has received his or her distribution and for which a receipt has been filed or exhibited with the Court:

Attorney for Fiduciary

Fiduciary

Typed or Printed Name

Address

Phone Number (include area code)

Attorney Registration No.