

**PROBATE COURT OF BUTLER COUNTY, OHIO**

**IN THE MATTER OF GUARDIANSHIP OF** \_\_\_\_\_

**Case No.** \_\_\_\_\_

**APPLICATION FOR APPOINTMENT OF EMERGENCY GUARDIAN  
OF ALLEGED INCOMPETENT**

[R.C. 2111.02]

Applicant represents to the Court that \_\_\_\_\_  
aged \_\_\_\_\_ years, resides or has a legal settlement at \_\_\_\_\_  
\_\_\_\_\_, in \_\_\_\_\_ County, Ohio and that the prospective ward  
is incompetent by reason of (R.C. 2111.01(D)) \_\_\_\_\_ .

Applicant further represents that an emergency exists and that it is reasonably certain that immediate action is required to prevent significant injury to the person or estate of the proposed ward. A Statement of Expert Evaluation is attached. (Form 17.1)

A List of Next of Kin of the Proposed Ward is also Attached (Form 15.0), however, applicant requests that the Court act ex parte, without notice because of the emergency existing.

The whole estate of the prospective ward is estimated as follows:

Personal property..... \$ \_\_\_\_\_  
Real estate..... \$ \_\_\_\_\_

Applicant represents that he/she/they is/are not an administrator, executor or other fiduciary of the estate wherein the alleged incompetent is interested.

Applicant further represents that a guardian of the alleged incompetent is necessary in order that  
the ward \_\_\_\_\_ ward's property may be taken proper care of and asks that a guardian be appointed.

**PRESENT LOCATION OF WARD:** \_\_\_\_\_  
Name of Facility/Hospital  
\_\_\_\_\_  
Street City, State, Zip Code

TYPE OF GUARDIANSHIP APPLIED FOR IS EMERGENCY

limited person and estate estate only person only

The limited powers requested are \_\_\_\_\_  
\_\_\_\_\_

The time period requested is from \_\_\_\_\_ to \_\_\_\_\_ .

Applicant's relationship to alleged incompetent is \_\_\_\_\_  
\_\_\_\_\_

Case No. \_\_\_\_\_

The Applicant has (not) been charged with or convicted of a crime involving theft, physical violence, or sexual, alcohol or substance abuse except as follows (if applicable, state date and place of each charge or each conviction):

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

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

\_\_\_\_\_  
Applicant 1

\_\_\_\_\_  
Type or Print name

\_\_\_\_\_  
Type or Print name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Age

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

\_\_\_\_\_  
Address

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

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

\_\_\_\_\_  
Supreme Court Registration Number

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

\_\_\_\_\_  
Applicant 2

\_\_\_\_\_  
Type or Print name

\_\_\_\_\_  
Age

\_\_\_\_\_  
Address

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

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

KNOWINGLY GIVING FALSE INFORMATION ON A PROBATE DOCUMENT IS A CRIMINAL OFFENSE.  
[R.C. 2921.13 (A)(11)]

# PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF GUARDIANSHIP OF \_\_\_\_\_

Case No. \_\_\_\_\_

## NEXT OF KIN OF PROPOSED WARD

[R.C. 2111.04]

(NOTE: Specify age and birthdate of each minor *under* 16 on the line containing the minor's name. List the name and address of the minor's parent, guardian or custodian on the name and address lines following the minor's address.)

Service Waived	Relationship	Birthdate of minor
1. <input type="checkbox"/> Name _____	_____	_____
Address _____		Zip _____
2. <input type="checkbox"/> Name _____	_____	_____
Address _____		Zip _____
3. <input type="checkbox"/> Name _____	_____	_____
Address _____		Zip _____
4. <input type="checkbox"/> Name _____	_____	_____
Address _____		Zip _____
5. <input type="checkbox"/> Name _____	_____	_____
Address _____		Zip _____
6. <input type="checkbox"/> Name _____	_____	_____
Address _____		Zip _____
7. <input type="checkbox"/> Name _____	_____	_____
Address _____		Zip _____
8. <input type="checkbox"/> Name _____	_____	_____
Address _____		Zip _____
9. <input type="checkbox"/> Name _____	_____	_____
Address _____		Zip _____
10. <input type="checkbox"/> Name _____	_____	_____
Address _____		Zip _____

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

# 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 and that the Court is authorized to remove me if I fail to comply with this requirement.

Permanent Address:

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Address (Must be street address, no PO permitted)

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

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

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 GUARDIANSHIP OF \_\_\_\_\_

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

### STATEMENT OF EXPERT EVALUATION

[Sup. R. 66 & R.C. 2111.49]

Definition of Incompetent [O.R.C. 2111.01(D)]: "Incompetent" means any person who is so mentally impaired as a result of a mental or physical illness or disability, or mental retardation, or as a result of chronic substance abuse, that the person is incapable of taking proper care of the person's self or property or fails to provide for the person's family or other persons for whom the person is charged by law to provide, or any person confined to a penal institution within this State."

The Statement of Evaluation does not declare the individual competent or incompetent, but is evidence to be considered by the Court. The fee for completing this evaluation **WILL NOT** be paid by the Court. Each evaluator should secure payment from the Applicant/Guardian.

1. This Statement of Evaluation is to be filed with or attached to:

- A. Guardianship Application:** Completed by  Licensed Physician or  Licensed Clinical Psychologist prior to the filing and attached to the application.
- B. Guardian's Report:** Completed by  Licensed Physician  Licensed Clinical Psychologist  Licensed Independent Social Worker  Licensed Professional Clinical Counselor or  Intellectual Disability Team.  
The evaluation or examination shall be completed within three months prior to the date of the Report. R.C. 2111.49
- C. Application for Emergency Guardian:**  of the person: a Licensed Physician shall complete the Supplement for Emergency Guardian, form 17.1A with specificity indicating the emergency, and why immediate action is required to prevent significant injury to the person. The Supplement shall be signed, dated, and attached as part of this completed Statement.

2. Statement completed by:

Name & Title/Profession: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

3. Date(s) of evaluation: \_\_\_\_\_

Place(s) of evaluation: \_\_\_\_\_

Amount of time spent on evaluation: \_\_\_\_\_

Length of time the individual has been your patient: \_\_\_\_\_

4. Is the individual presently under medication?  Yes  No If yes, what is the medication, dosage, and purpose? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any signs of physical and/or mental impairments caused by the medications themselves?  
\_\_\_\_\_  
\_\_\_\_\_

5. Is the individual mentally impaired?  Yes  No If yes, indicate the diagnosis below:

Intellectual Disability/Developmental Disabilities:

Profound

Severe

Moderate

Mild

Mental Illness: Type and Severity \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Substance Abuse: Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dementia: Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other: Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide additional comments and test scores if available. (Continue comments on page 4):  
\_\_\_\_\_  
\_\_\_\_\_

6. During the examination did you note an impairment of the individual's:

- |                                     |                          |     |                          |    |                          |         |
|-------------------------------------|--------------------------|-----|--------------------------|----|--------------------------|---------|
| a) Orientation?                     | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unknown |
| b) Speech?                          | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unknown |
| c) Motor Behavior?                  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unknown |
| d) Thought Process?                 | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unknown |
| e) Affect?                          | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unknown |
| f) Memory?                          | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unknown |
| g) Concentration and comprehension? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unknown |
| h) Judgment?                        | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unknown |

7. Please describe any impairments identified in question six. (Continue comments on page 4)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Is the individual physically impaired?  Yes  No If yes: Description  
\_\_\_\_\_  
\_\_\_\_\_

9. Are there any special characteristics of the individual which should be considered in evaluating the individual for guardianship:  Yes  No If yes: Explain  
\_\_\_\_\_  
\_\_\_\_\_

10. Are there any indications of abuse, neglect or exploitation of the individual?  Yes  No If yes: Explain  
\_\_\_\_\_  
\_\_\_\_\_

11. Do you believe the individual is capable of caring for the individual's activities of daily living or making decisions concerning medical treatments, living arrangements and diet?  Yes  No If no: Explain:  
\_\_\_\_\_  
\_\_\_\_\_

12. Do you believe this individual is capable of managing the individual's finances and property?  
 Yes  No If no: Explain:  
\_\_\_\_\_  
\_\_\_\_\_

13. Prognosis:  
A. Is the condition stabilized?  Yes  No  
B. Is the condition reversible?  Yes  No

14. In my opinion a guardianship should be:  
 Established/Continued  
 Denied/Terminated

I certify that I have evaluated the individual on \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Evaluator

<b>GUARDIAN'S REPORT ADDENDUM</b>	
(Not to be used with initial Application)	
It is my opinion, based upon a reasonable degree of medical or psychological certainty, that the mental capacity of this ward will not improve.	
Date _____	_____ Signature - Licensed Physician/Clinical Psychologist





## PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF GUARDIANSHIP OF \_\_\_\_\_

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

### SUPPLEMENT FOR EMERGENCY GUARDIAN OF PERSON

[R.C. 2111.49]

This Supplement must be completed when there is a request for Emergency Guardianship. The following questions must be answered with specificity and item 1.C, page 1 of the Statement of Expert Evaluation, Form 17.1 must be checked.

A. Does the individual have a durable health care power of attorney? \_\_\_\_\_ If yes, why is it not being honored?

\_\_\_\_\_

B. Exact nature of emergency: \_\_\_\_\_

\_\_\_\_\_

C. Length of time emergency has existed, and why? \_\_\_\_\_

\_\_\_\_\_

D. Specific action required to prevent significant injury to the person: \_\_\_\_\_

\_\_\_\_\_

E. Ability of the alleged Incompetent to receive notice and give consent:

\_\_\_\_\_

F. Medical prognosis in detail if immediate action, within 24 hours, is not taken:

\_\_\_\_\_

G. Additional statements regarding condition, family, support services, etc:

\_\_\_\_\_

Note: Any above answers may be supplemented by attachments.

\_\_\_\_\_  
Date and Time of Evaluation

\_\_\_\_\_  
Signature - Licensed Physician

\_\_\_\_\_  
Date of Report

# PROBATE COURT OF BUTLER COUNTY, OHIO

GUARDIANSHIP OF \_\_\_\_\_  
 CASE NO. \_\_\_\_\_

STATE OF OHIO             )  
                                   )  
 COUNTY OF BUTLER       )        **SS:**

## AFFIDAVIT OF GUARDIAN APPLICANT

I, \_\_\_\_\_ affirm the following:  
                                   (Name)

I have no pending misdemeanor or felony cases and have not been convicted of or pleaded guilty to any misdemeanor or felony offense; **OR**

I have pending misdemeanor or felony cases or have been convicted of or pleaded guilty to a misdemeanor or felony offense. *(List below any pending cases or convictions that have not been sealed pursuant to R.C. 2953.31 – 2953.62)*

DATE	TYPE OF CHARGE	COURT NAME	PENDING/CONVICED/PLEADED GUILTY
_____	_____	_____	Pending      Convicted      Pleadged Guilty
_____	_____	_____	Pending      Convicted      Pleadged Guilty
_____	_____	_____	Pending      Convicted      Pleadged Guilty
_____	_____	_____	Pending      Convicted      Pleadged Guilty

I understand that I have a duty to notify Butler County Probate Court within seventy-two hours if the information contained in this affidavit should change.

\_\_\_\_\_  
 Signature of Applicant

SWORN TO BEFORE ME, and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
 Notary Public/Deputy Clerk

\_\_\_\_\_  
 Printed Name of Notary Public

Commission Expiration Date: \_\_\_\_\_  
 (Affix seal here)

# PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF GUARDIANSHIP OF \_\_\_\_\_

Case No. \_\_\_\_\_

## FIDUCIARY'S ACCEPTANCE

### GUARDIAN

[R.C. 2111.14]

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.

#### AS GUARDIAN OF THE ESTATE, I WILL:

1. Make and file an inventory of the real and personal estate of the ward within 3 months after my appointment.
2. Deposit funds which come into my hands in a lawful depository located within this state.
3. Invest surplus funds in a lawful manner.
4. Make and file an account biennially, or as directed by the Court.
5. File a final account within 30 days after the guardianship is terminated.
6. Inventory any safe deposit box of the ward.
7. Preserve any and all Wills of the ward as directed by the Court.
8. Expend funds only upon written approval of the Court.
9. Make and file a guardian's report biennially, or as directed by the Court.

#### AS GUARDIAN OF THE PERSON, I WILL:

1. Protect and control the person of my ward, and make all decisions for the ward based upon the best interest of the ward.
2. Provide suitable maintenance for my ward when necessary.
3. Provide such maintenance and education for my ward as the amount of his estate justifies if the ward is a minor and has no father or mother, or has a father or mother who fails to maintain or educate him/her.
4. Make and file a guardian's report biennially, or as directed by the Court.
5. Obey all orders and judgments of the Court pertaining to the guardianship.
6. Obtain written approval of the Court before executing a caretaker power of attorney authorized by R.C. 3109.52

**If I change my address or the ward's address, I shall immediately notify Probate Court in writing.**

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

\_\_\_\_\_  
Fiduciary

**PROBATE COURT OF BUTLER COUNTY, OHIO**

**GUARDIANSHIP OF** \_\_\_\_\_

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

**OATH OF GUARDIAN**

[R.C. 2111.02(C)]

[To be taken on Appointment of Guardian]

I, \_\_\_\_\_, Guardian of

\_\_\_\_\_, will faithfully and completely fulfill my duties as Guardian, including the duty:

To file, and continue to make diligent efforts to file, a true inventory in accordance with the Ohio Revised Code, and report all assets belonging to the estate of my ward.

To file timely and accurate reports.

To file timely and accurate accounts.

To, at all times, protect my ward's interests and to make all decisions based on the best interest of my ward.

To apply to the Court for authority to expend funds prior to so doing.

To obey all orders and rules of this Court pertaining to guardianships.

\_\_\_\_\_  
Guardian

The above oath was taken and signed in my presence on this \_\_\_\_\_ day of

\_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Judge/Magistrate

**PROBATE COURT OF BUTLER COUNTY, OHIO**

**IN THE MATTER OF GUARDIANSHIP OF** \_\_\_\_\_

**Case No.** \_\_\_\_\_

**EX PARTE JUDGMENT ENTRY  
APPOINTMENT OF EMERGENCY GUARDIAN FOR INCOMPETENT PERSON**

Upon hearing the application for appointment of an emergency guardian herein the Court finds that

\_\_\_\_\_ is incompetent by reason of \_\_\_\_\_

and further there exists emergency circumstances and that it is reasonably certain that immediate action is required to prevent significant injury to the person and/or estate of the proposed ward, that the proposed ward is incapable of taking proper care of himself herself and his her property, and that an emergency guardianship is necessary.

The Court further finds that notice of the hearing thereon cannot be given because of the emergency existing; that the incompetent is a resident of this county or has legal settlement herein; and that this Court has jurisdiction.

The Court therefore appoints \_\_\_\_\_, a suitable and competent person, emergency guardian of the person and estate of \_\_\_\_\_ incompetent, limited to the following:

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

The Court orders notice of the appointment of the emergency guardian be issued to the ward.

The Court orders Letters of Emergency Guardianship be issued to \_\_\_\_\_ as provided by law, for the limited period from \_\_\_\_\_ to \_\_\_\_\_.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Probate Judge

(Seal)

**PROBATE COURT OF BUTLER COUNTY, OHIO**

**IN THE MATTER OF GUARDIANSHIP OF** \_\_\_\_\_

**Case No.** \_\_\_\_\_

**LETTERS OF GUARDIANSHIP**

[R.C. 2111.02]

\_\_\_\_\_ is appointed Guardian of  
\_\_\_\_\_, an \_\_\_ Incompetent \_\_\_ Minor.

Guardian's powers are:

All powers conferred by the laws of Ohio and rules of this Court over the ward's:

\_\_\_ Person and Estate \_\_\_ Person Only \_\_\_ Estate Only

Limited to \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Those guardianship powers, until revoked, are for an:

\_\_\_ Indefinite time period

\_\_\_ Definite time period to \_\_\_\_\_

The above-named Guardian has the power conferred by law to do and perform all the duties of Guardian as described. No expenditures shall be made without prior Court authorization.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Probate Judge

**NOTICE TO FINANCIAL INSTITUTIONS**

Funds being held in the name of the within-named Ward shall not be released to Guardian without a Court order directing release of a specific fund and amounts thereof.

**CERTIFICATE OF APPOINTMENT AND INCUMBENCY**

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

(SEAL)

\_\_\_\_\_  
Probate Judge

by \_\_\_\_\_  
Deputy Clerk

\_\_\_\_\_  
Date

**PROBATE COURT OF BUTLER COUNTY, OHIO**

**IN THE MATTER OF GUARDIANSHIP OF** \_\_\_\_\_

**Case No.** \_\_\_\_\_

**NOTICE**  
[72 HOUR]

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, the Court appointed an emergency guardian for the above named ward. Said guardian \_\_\_\_\_ has powers limited to

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

This guardianship is limited to 72 hours beginning \_\_\_\_\_, \_\_\_\_\_, unless extended by the Court.

JOHN M. HOLCOMB, JUDGE

By: \_\_\_\_\_  
Deputy Clerk

**RETURN**

The above notice was served on \_\_\_\_\_ and \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_

# PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF \_\_\_\_\_

Case No. \_\_\_\_\_

## MOTION FOR 30 DAY EXTENSION

Now comes \_\_\_\_\_, guardian  
of \_\_\_\_\_ and states that he/she was  
appointed emergency guardian of \_\_\_\_\_  
on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. Applicant further states that the need for the guardianship  
still exists and therefore requests that the guardianship be continued for thirty (30) days.

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

\_\_\_\_\_  
Type or Print name

\_\_\_\_\_  
Address

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

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

\_\_\_\_\_  
Supreme Court Registration Number

\_\_\_\_\_  
Guardian Name

\_\_\_\_\_  
Type or Print name

\_\_\_\_\_  
Address

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

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



# PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF \_\_\_\_\_

Case No. \_\_\_\_\_

## ENTRY GRANTING 30 DAY EXTENSION

Upon the application of \_\_\_\_\_, the Court finds that it would be in the best interest of the ward that the guardianship be continued. Therefore, the Court orders that the guardianship of \_\_\_\_\_ be extended for an additional thirty (30) days and new letters of guardianship be issued to \_\_\_\_\_ for the limited purpose of

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

\_\_\_\_\_  
Probate Judge

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

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

**PROBATE COURT OF BUTLER COUNTY, OHIO**

**IN THE MATTER OF GUARDIANSHIP OF** \_\_\_\_\_

**Case No.** \_\_\_\_\_

**LETTERS OF GUARDIANSHIP**

[R.C. 2111.02]

\_\_\_\_\_ is appointed Guardian of  
\_\_\_\_\_, an \_\_\_ Incompetent \_\_\_ Minor.

Guardian's powers are:

All powers conferred by the laws of Ohio and rules of this Court over the ward's:

\_\_\_ Person and Estate \_\_\_ Person Only \_\_\_ Estate Only

Limited to \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Those guardianship powers, until revoked, are for an:

\_\_\_ Indefinite time period

\_\_\_ Definite time period to \_\_\_\_\_

The above-named Guardian has the power conferred by law to do and perform all the duties of Guardian as described. No expenditures shall be made without prior Court authorization.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Probate Judge

**NOTICE TO FINANCIAL INSTITUTIONS**

Funds being held in the name of the within-named Ward shall not be released to Guardian without a Court order directing release of a specific fund and amounts thereof.

**CERTIFICATE OF APPOINTMENT AND INCUMBENCY**

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

(SEAL)

\_\_\_\_\_  
Probate Judge

by \_\_\_\_\_  
Deputy Clerk

\_\_\_\_\_  
Date

**PROBATE COURT OF BUTLER COUNTY, OHIO**

**IN THE MATTER OF GUARDIANSHIP OF** \_\_\_\_\_

**Case No.** \_\_\_\_\_

**NOTICE**  
[30 DAY]

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, the Court appointed an emergency guardian for the above named ward. Said guardian's powers were limited to a period of 72 hours which began the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. The Court having been advised does hereby finds that \_\_\_\_\_ is still in need of a guardian and therefore continues said guardianship for 30 days.

JOHN M. HOLCOMB, JUDGE

By: \_\_\_\_\_  
Deputy Clerk

**RETURN**

The above notice was served on \_\_\_\_\_ and \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_