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

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 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 probate 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.

☐ This estate does not require a full administration and is being filed as:

- ☐ File Will for Record Only
- ☐ Probate of Will Only
- ☐ Release of Administration
- ☐ Summary Release of Administration
- ☐ Transfer Real Estate only
- ☐ Admit Authenticated Copies Only
- ☐ Other _____

_____
☐ Attorney for the Estate
☐ Fiduciary for the Estate

CERTIFICATION OF WILLS ON DEPOSIT

The undersigned has personally examined the index of wills deposited pursuant to R.C. §2107.07 and certifies that all wills on deposit, regardless of the date of execution, have been admitted to probate or filed for record purposes only pursuant to Sup.R. 59(A).

_____
☐ Attorney for the Estate
☐ Fiduciary for the Estate

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

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
JOHN M. HOLCOMB, JUDGE

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:

Personal property	$ _____
Annual real property rentals	$ _____
Subtotal, personalty and rentals	$ 0.00
Real property	$ _____
Total estimated estate	$ 0.00
Applicant owes the estate	$ _____
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.

Typed name	Typed name
Typed name	Typed name
Typed name	Typed name
Typed name	Typed name

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
JOHN M. HOLCOMB, JUDGE

ESTATE OF _____, **DECEASED**

CASE NO. _____

SURVIVING SPOUSE, CHILDREN, NEXT OF KIN, LEGATEES AND DEVISEES
[R.C. 2105.06, 2106.13, 2107.19]

[Use with those applications or filings requiring some or all of the information in this form, for notice or other purpose. Update as required.]

The following are decedent's known surviving spouse, children, and the lineal descendants of deceased children. If none, the following are decedent's next of kin who are or would be entitled to inherit under the statutes of descent and distribution.

Name	Residence Address	Relationship to Decedent	Birthdate of Minor
		Surviving Spouse	

[Check whichever of the following is applicable]

☐ The surviving spouse is the natural or adoptive parent of all of the decedent's children.

☐ The surviving spouse is the natural or adoptive parent of at least one, but not all of the decedent's children.

☐ The surviving spouse is not the natural or adoptive parent of any of the decedent's children.

☐ There are minor children of the decedent who are not the children of the surviving spouse.

☐ There are minor children of the decedent and no surviving spouse.

CASE NO. _____

The following are the vested beneficiaries named in the decedent's will:

Name	Residence Address	Birthdate of minor

[Check whichever of the following is applicable]

☐ This will contains a charitable trust or a bequest or devise to a charitable trust, subject to R.C. 109.23 to 109.41.

☐ The will is not subject to R.C. 109.23 to 109.41 relating to charitable trusts.

_____ _____

Date Applicant (or give other title)

_____

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

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
JOHN M. HOLCOMB, JUDGE

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.

_____	_____
Typed name	Typed name
_____	_____
Typed name	Typed name
_____	_____
Typed name	Typed name

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

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. Deposit funds which come into my hands in a lawful depository located in this state. The estate checking accounts must provide canceled checks, as these canceled checks must be displayed when filing accounts;
3. Keep estate funds in separate estate accounts at all times during the administration of the estate.
4. Make and file an inventory and appraisement 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 or a report of newly discovered assets 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 on or after December 31, 2001, send Notice of Probate of Will (if applicable) within two (2) weeks of my appointment, prepare and file the final account within six (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 nine (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 the fiduciary is subject to removal for failure to perform the fiduciary duties, and that the fiduciary is subject to possible penalties for conversion of property the fiduciary held as a fiduciary. The written acceptance may be filed with the application for appointment.

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

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.

_____

Probate Judge/Clerk

[Seal]

_____

_____

Date

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

ESTATE OF _____ , DECEASED

CASE NO. _____

CERTIFICATION OF NOTICE TO ADMINISTRATOR OF MEDICAID ESTATE RECOVERY PROGRAM [R.C. 2117.061 AND 5162.21]

THIS FORM SHALL BE FILED IN THE PROBATE COURT UPON COMPLETION OF NOTICE TO ADMINISTRATOR

The undersigned certifies that a Notice in compliance with Ohio Revised Code 2117.061 and 5162.21 was served upon the following by a method authorized by Civ.R. 73 on the _____ day of _____ _____:

Medicaid Estate Recovery
30 East Broad Street, 14th Floor
Columbus, OH 43215

_____	_____
Attorney for Applicant	Person Responsible for the Estate
_____	_____
Typed or Printed Name	Typed or Printed Name
_____	_____
Address	Address
_____	_____
City, State, Zip Code	City, State, Zip Code
_____	_____
Telephone Number (include area code)	Telephone Number (include area code)

Attorney Registration No. _____

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

ESTATE OF _____ , DECEASED

CASE NO. _____

NOTICE TO ADMINISTRATOR OF MEDICAID ESTATE RECOVERY PROGRAM
[R.C. 2117.061 AND 5162.21]

IF THE ESTATE OF THE DECEDENT IS SUBJECT TO THE MEDICAID ESTATE RECOVERY PROGRAM PURSUANT TO R.C. 5162.21, THIS NOTICE SHALL BE FILED WITH THE ADMINISTRATOR OF THE PROGRAM AT THE FOLLOWING ADDRESS:

Medicaid Estate Recovery
30 East Broad Street, 14th Floor
Columbus, OH 43215

THIS NOTICE IS NOT A PUBLIC RECORD AND SHALL NOT BE FILED IN THE PROBATE COURT

The undersigned person responsible for the estate hereby states the following:

1. Name of Decedent: _____

2. Address of Decedent: _____
_____

3. Date of Birth: _____ Age: _____

4. Date of Death: _____

5. Social Security Number: _____

6. Check all applicable boxes:

☐ A copy of the Schedule of Assets (form 6.1) or Assets and Liabilities (Form 5.1) is attached;

☐ A schedule of any other real and personal property and other assets in which the decedent had any legal title or interest at the time of death (to the extent of the interest), including assets conveyed to a survivor, heir, or assign of the individual through joint tenancy, tenancy in common, survivorship, life estate, living trust, or other arrangement;

☐ The spouse of the decedent was subject to the Medicaid estate recovery program, a separate notice is being submitted for the pre-deceased spouse.

CASE NO. _____

_____
Signature – Person Responsible for the Estate

_____
Typed or Printed Name

_____
Address

_____
City, State, Zip Code

_____
Telephone Number (include area code)