

**PROBATE COURT OF BUTLER COUNTY, OHIO**

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

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

**APPLICATION TO REOPEN ESTATE AND APPOINT FIDUCIARY**

Applicant states that the decedent died on \_\_\_\_\_, his/her estate was administered in this county and that the fiduciary was discharged on \_\_\_\_\_. Applicant asks that the estate be reopened and that he/she be qualified as the \_\_\_\_\_ for the following reason(s):

Newly Discovered Assets:

Nature of Asset(s): \_\_\_\_\_  
\_\_\_\_\_

Amount of Asset(s): \_\_\_\_\_

There is a wrongful death or survival action or litigation (in favor of/against) the estate pending in (Specify Court, Case No. and Trial Date):

\_\_\_\_\_

Other Claim(s):

Nature of Claim: \_\_\_\_\_

Other (please provide specifics): \_\_\_\_\_

\_\_\_\_\_

**[Check one of the following]**

The decedent's will waives bond or a bond is not required by law.

Applicant offers the attached bond in the amount of \$ \_\_\_\_\_

**[Check one of the following]**

Applicant is:

Prior fiduciary in the estate

The alternate fiduciary named in decedent's Will

Sole beneficiary under the Will or sole heir at law

A next of kin (if there are additional next of kin with equal right to serve as fiduciary, complete and attach the Surviving Spouse, Children, Next of Kin, Legatees and Devisees (Form 1.0 )

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

\_\_\_\_\_  
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.

# PROBATE COURT OF BUTLER COUNTY, OHIO

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

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

## ENTRY GRANTING APPLICATION TO REOPEN ESTATE AND APPOINT FIDUCIARY

Upon application to reopen the estate and appoint a fiduciary, the Court finds the same to well taken and hereby orders that the estate be reopened and that \_\_\_\_\_ be (re) appointed as \_\_\_\_\_ of the estate of \_\_\_\_\_.

The Court finds that:

Bond is dispensed with by the Will.

Bond is dispensed with by law.

The applicant has executed filed an appropriate bond, which is approved by the court.

**[Check one of the following]**

The fiduciary shall file a Final Account by \_\_\_\_\_

The Court orders that a status hearing shall be held on \_\_\_\_\_ at \_\_\_\_\_ AM/PM

The fiduciary shall file a Status Report within one year of the date of this entry (if opened for wrongful death or litigation proceeding) and each year thereafter until said time as the estate may be closed.

\_\_\_\_\_  
Date

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

# 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. \_\_\_\_\_

## STATUS REPORT

Pursuant to the Rules of the Superintendence and the Local Rules of Court, the Fiduciary states that the estate cannot be closed at this time and hereby submits this written Status Report. **[Check whichever of the following apply]:**

- There is a wrongful death or survival action pending in (Specify Court, Case No. and Trial Date)  
\_\_\_\_\_
- There is litigation (in favor of/against) the estate pending in (Specify Court, Case No. and Trial Date)  
\_\_\_\_\_
- The estate is being audited by Internal Revenue Service or Ohio Department of Taxation. Expected date of resolution \_\_\_\_\_
- There are insufficient liquid assets in the estate to pay the Ohio Estate Taxes, and the estate has been granted an extension to pay the same. Extension Date \_\_\_\_\_
- The primary asset of the estate is real property which has not been sold or transferred (Provide reasons for lack of sale or transfer and expected date of sale or transfer)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Other (please provide specifics) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Additional explanation is attached hereto.
- A final account shall be filed on or before \_\_\_\_\_.

\_\_\_\_\_  
Attorney for Estate

\_\_\_\_\_  
Fiduciary

\_\_\_\_\_  
Attorney Registration Number

\_\_\_\_\_  
Date

# 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.

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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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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.