EST	ATE OF		, DECEASED
CAS	SE NO		
	APPLICATION FOR SUMM	MARY RELEASE FR [R.C. 2113.031]	OM ADMINISTRATION
App	licant states that decedent died on		
Dec	edent's domicile was	Otrock Address	
		Street Address	
City or	· Village, or Township if unincorporated area		County
Post C	Office	State	Zip Code
[Chec	k one of the following]		
	for support and decedent's funer spouse has paid or is obligated in the value of the assets does no	al and burial expenses writing to pay deceden to exceed the \$40,000	e hundred percent of the allowance have been prepaid or the surviving t's funeral and burial expenses and allowance for support under R.C. dent's funeral and burial expenses.
		enses and the value of t	id or is obligated in writing to pay he assets is the lesser of \$5,000 or
oblig			onfirms the applicant's payment or e applicant is the surviving spouse,
	decedent's surviving spouse, next ttached Form 1.0.	of kin, legatees and dev	isees known to applicant, are listed
	licant states that there are no pend elief of decedent's estate from adm	0.	administration of decedent's estate 113.03.
All k	nown assets with date of death val	lues of the estate are as	follows:
	Motor Vehicles (include year, manumber Certificate of Title number		nanufacturer's vehicle identification
,			\$
			\$

			CASE NO	
	Accounts maintained by a Financial Institute account's complete identifying number):	ution (includ	de financial institution	name, and the
			\$	;
			\$	
	Stocks and Bonds (include for each stock or name and address of its transfer agent, and			
			\$	;
			\$	; ;
	Real estate described in accompanying Form 12.1 Certificate of Transfer and date			of Transfer and
	[Attach verification of value.]		<u>\$</u>	<u> </u>
	Other assets and date of death values			
			\$	
			\$	<u> </u>
			Total Assets \$	i
	olicant requests an order granting summary re orney for Applicant		s Signature	
Тур	ed or Printed Name	Applicant'	s Typed or Printed Nar	me
Stre	eet Address	Street Add	dress	
City	State Zip Code	City	State	Zip Code
Pho	ne Number (include area code)	Phone Nu	ımber (include area co	de)
Atto	orney Registration No			
Sigr	ned and acknowledged by the applicant in my	y presence	thisday of	
		Notary F	Public/Deputy Clerk	

IN THE MATTER OF _				
CASE NO.				
CONFIG		OSURE OF PERSONAL IDE	NTIFIERS	;
		ts of Ohio require that when submitting the document and submit those perso		
Complete Personal Identifier	Type of Number	Name/Institution Associated With Personal Identifier	Form Number	Date Filed
example 123-45-6789	Social Security	Deceased	22.3	06/15/09
example: 987654321	Savings Account "A"	Bank of America	15.5	06/15/09
Date:				
		Signature of Filing Par	rty	

Typed Name of Filing Party

ES	STATE OF, DECE	ASED
CA	ASE 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.]	
Th fol	ne following are decedent's known surviving spouse, children, and the lineal descendants of deceased children. If llowing are decedent's next of kin who are or would be entitled to inherit under the statutes of descent and distrib	none, th ution.
Na	Residence Relationship Birth Address to Decedent of M	date
	Surviving Spouse	moi
[CI	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.	
П	There are minor children of the decedent and no surviving spouse.	

	CASE NO.		
The following are the vested beneficiaries	named in the deceden	t's will:	
Name	Residence Address		Birthdate of minor
	Address		Of Hillion
[Check whichever of the following is appl	licable]		
This will contains a charitable trust or to 109.41.	a bequest or devise to	a charitable trust, subject to R.C. 109.23	3
☐ The will is not subject to R.C. 109.23	3 to 109.41 relating to	charitable trusts.	
Date		Applicant (or give other title)	

EST	ATE OF	, DECEASED
CAS	E NO	
	ENTRY GRANTING SUMMARY RE	
The C	Court finds that the application byrements of R.C. 2113.031 and therefore summarily releas	, satisfies all ses the estate from administration and directs:
	The delivery to the applicant of decedent's personal prop to that property.	perty set forth in the application with the title
	That Certificate(s) of Transfer, attached to the application	n, be issued.
a fina Revis	ncial institution, corporation or other entity or person refer	ne application for this order constitutes sufficient authority for rred to in division (A) to (F) of Section 5731.39 of the sfer title to the applicant of an asset of the decedent's estate
conse	order eliminates the need for a financial institution, corporent of the tax commissioner prior to the delivery, transfer, or elisted in the application.	
	order eliminates the duty of all persons to file an Ohio Esta cation.	ate Tax Return exclusively for the assets listed in the
Date		PROBATE JUDGE

ESTATE OF _	, DECEASED			
CASE NO				
APPLIC	ATION AND	ORC 2106.18, 210	NSFER MOTO 09.45]	R VEHICLE
_		•	oove estate, repr e, belonging to sai	esents he has in his id estate:
Year Bod	у Туре	Model	N	Лаке
Mfrs. Serial No		Cert	of Title No.	
Applicant states that statute of descent a other:	and distribution _	son is entitled to suc by family allow	h motor vehicle: vance by purcha	by virtue of the will by ase* by law by
Applicant red	quests that the abα	ove mentioned moto	or vehicle be transferr	ed to:
Nam	ıe(s)			
Add	ess			
				n the best price and in the mount of \$
		Applicant:		
		(F	Print Name and title)	
E	NTRY FOR 1	TRANSFER O	F MOTOR VEH	HICLE
	t conditions cont		e application cause	the above transferee(s)
It is therefore orde	ed that said tran	nsfer said motor ve	ehicle as prayed for	IS APPROVED  IS DENIED*  {see Case Review Note attached}
PROBATE J	UDGE		_	

ESTATE OF	, DECEASED
CASE NO.	
	F COUNSEL CONCERNING ION OF RECORD TITLE
estate is located, as set out in the Inventory and Apprai	nined the real estate records of the County in which the hereinafter real sal filed herewith and described specifically below, and that to the beset a above decedent had at the time of decedent's death the interest in the traisal.
Name	Firm Name
Address	
	Attorney of Record Signature
City, State, Zip	Attorney Name and Registration Number
Phone (include area code)	
Attorney Registration Number	<u> </u>
The legal description of decedent's interest in the real Note: If the decedent's interest in the real property is a fractional in	
Prior Instrument Reference:	
Parcel No.:	
Address of Property:	
100% Taxable Value of Real Estate per Auditor's Reco	ords:
Description:	
Open Mortgages of Record: (list all open mortgages w	ith book/page with face amount and recording information)
Open Liens of Record: (list all open liens which attack	ned to the subject real estate)
Comments:	

(Use continuation page, if necessary)

CASE NO.

E	STATE OF, DECEASED
C	ASE NO
	APPLICATION FOR CERTIFICATE OF TRANSFER [R.C. 2113.61]
Аp	pplicant states that decedent died on
De	ecedent's residence at death was  Street Address
Cit	y or Village, or Township if unincorporated area  County
Po	st Office State Zip Code
list	ecedent died owning the real property described in the accompanying Certificate of Transfer No, which also ts those persons to whom the real property passed. Applicant asks the Court to issue a Certificate of Transfer so that w ownership interests may be recorded.
[C	heck 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 mans such interest as part or all of the intestate share and/or following must be completed, and both the survivin	allowance for support. [If this para	graph is checked, the
The value of the total intestate share to which decedent's se	urviving 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 hous	e 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	
FNTRY ISSUING CERT	IFICATE OF TRANSFER	
The Court finding that the above application contains the info		at Cartificate of Transfer
No be filed with this Entry and a copy of the Certif		
[Check if applicable] The Court further finds that the	ne transfer is subject to a charge pu	rsuant to R.C. 2106.11.
Date	Probate Judge	
	=	

ESTATE OF		, DECEASED
CASE NO.		
CE	RTIFICATE OF TRAI	NSFER
	NO	
[Check one of the following]		
Decedent died intestate.		
Decedent died testate.		
Decedent died on		owning the real property described in this escent or election are as follows:
Name	Residence Address	Transferee's share of decedent's interest
[Complete if applicable] The real proper	ty described in this certificate i	s subject to a charge of \$
in favor of decedent's surviving spouse, _		in respect of
the unpaid balance of the specific moneta	ry share which is part of the su	urviving spouse's total intestate share.

		CASE NO.	
The legal description of decedent's interest in necessary].	n the real <sub>l</sub>	property subject to this certificate is: [use extra	sheets, if
Prior Instrument Reference:			
Parcel No:			
This instrument prepared by			
ISSUANCE			
This Certificate of Transfer is issued this	day of		, 20 <u> </u> .
		Probate Judge	
A	UTHEN	TICATION	
I certify that this document is a true copy of the or	riginal Cert	ificate of Transfer No issued	on
and kep	ot by me as	s custodian of the official records of this court.	
Date		Probate Judge	
		-	
		Deputy Clerk	