PROBATE COURT OF FRANKLIN COUNTY, OHIO JEFFREY D. MACKEY, JUDGE

ESTATE OF	, DECEASED
CASE NO	_
APPLICATION FOR SUN	IMARY RELEASE FROM ADMINISTRATION [R.C. 2113.031]
Applicant states that decedent died on	
Decedent's domicile was	Street Address
City or Village, or Township if unincorporated area	County
Post Office State	Zip Code
[Check one of the following]	
decedent's funeral and burial expenses to pay decedent's funeral and burial exp	spouse entitled to one hundred percent of the allowance for support and have been prepaid or the surviving spouse has paid or is obligated in writing enses and the value of the assets does not exceed the \$40,000 allowance for amount not exceeding \$5,000 for decedent's funeral and burial expenses.
	spouse, has paid or is obligated in writing to pay decedent's funeral and burial the lesser of \$5,000 or the amount of decedent's funeral and burial expenses.
	locument that confirms the applicant's payment or obligation to pay decedent's is the surviving spouse, the prepayment receipt, if applicable.
The decedent's surviving spouse, next of kin, Form 1.0.	legatees and devisees known to applicant, are listed on attached
Applicant states that there are no pending pressure from administration under R.C. 21113.0	oceedings for the administration of decedent's estate or relief of decedent's 03.
All known assets with date of death values of	the estate are as follows:
☐ Motor Vehicles (Include year, make, mod Title number).	del, body type, manufacturer's vehicle identification number and Certificate of
	\$
☐ Accounts maintained by a Federal Institut	tion (include financial institution name and the amount without account number:
	\$

	CASE NO
☐ Stocks and Bonds (include for each stock or and the total number of shares of stock or b	r bond the name of its issuer, the name and address of its transfer agent, onds, but not serial numbers):
	\$\$
☐ Real estate described in accompanying For Transfer and date of death value. (Attach ver	m 12.0 Application for Certificate of Transfer and Form 12.1 Certificate of erification of value.) \$
☐ Other assets and date of death values:	
	\$\$
	·
	Total Assets \$
Applicant requests an order granting summary rel	ease.
Attorney for Applicant's Signature	Applicant's Signature
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's Registration No.	
Automey 3 registration no.	
Signed and acknowledged by the applicant in	my presence this day of,
20	
	Notary Public/Deputy Clerk