

# PROBATE COURT OF FRANKLIN COUNTY, OHIO

ESTATE OF  
 GUARDIANSHIP OF \_\_\_\_\_ INCOMPETENT  
 TRUST OF \_\_\_\_\_ , DECEASED  
 CASE NO. \_\_\_\_\_

## FILING INFORMATION

Applicant states that the decedent died on \_\_\_\_\_.

Decedent's domicile was \_\_\_\_\_  
Street Address

\_\_\_\_\_ City or Village, or Township if unincorporated area County

\_\_\_\_\_ Post Office State Zip Code

Documents are attached and offered for filing.

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

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Telephone Number [include area code]

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

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Telephone Number [include area code]