

PROBATE COURT OF FRANKLIN COUNTY, OHIO

ESTATE OF _____, DECEASED

CASE NO. _____

APPLICATION FOR RELEASE OF ASSET(S) [NOT TO EXCEED \$200.00]

The undersigned states that the above named decedent resided at _____, Franklin County, Ohio and died on the ____ day of _____, _____, leaving the following next of kin:

NAME	ADDRESS	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicant requests the release of \$ _____ (Not to exceed \$200.00) in the name of the above decedent, currently held by _____, to _____ the alleged _____ of the decedent.

ACKNOWLEDGMENT

I acknowledge that I may be required to return any or all of the distribution I receive at this time if a valid claim is filed with the estate in the time allowed by law and the distribution I have received is needed to pay that claim.

Witness:

Deputy Clerk

Applicant's Signature

Printed Name

Address

City, State, Zip Code

Telephone Number (include area code)

I. D. Number