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

ESTATE OF _____

_____, DECEASED

CASE NO. _____

APPLICATION FOR SUMMARY 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]

- □ The applicant is decedent's surviving spouse entitled to one hundred percent of the allowance for support and decedent's funeral and burial expenses have been prepaid or the surviving spouse has paid or is obligated in writing to pay decedent's funeral and burial expenses and the value of the assets does not exceed the \$40,000 allowance for support under R.C. 2106.13(B) plus an amount not exceeding \$5,000 for decedent's funeral and burial expenses.
- □ The applicant, who is not the surviving spouse, has paid or is obligated in writing to pay decedent's funeral and burial expenses and the value of the assets is the lesser of \$5,000 or the amount of decedent's funeral and burial expenses.

Attached hereto is a receipt, contract or other document that confirms the applicant's payment or obligation to pay decedent's funeral and burial expenses or if the applicant is the surviving spouse, the prepayment receipt, if applicable.

The decedent's surviving spouse, next of kin, legatees and devisees known to applicant, are listed on attached Form 1.0.

Applicant states that there are no pending proceedings for the administration of decedent's estate or relief of decedent's estate from administration under R.C. 21113.03.

All known assets with date of death values of the estate are as follows:

Motor Vehicles (Include year, make, model, body type, manufacturer's vehicle identification number and Certificate of Title number).

_____ \$_____

_____\$_____

Accounts maintained by a Federal Institution (include financial institution name and the amount without account number:

Real estate described in accompanying For Transfer and date of death value. (Attach	orm 12.0 Application for Certificate of Transfer and Form 12.1 Certificate of verification of value.) \$
\Box Other assets and date of death values:	
	\$\$
	Total Assets \$
Applicant requests an order granting summary r	elease.
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.	
Signed and acknowledged by the applicant i	n my presence this day of
20	
20	

Notary Public/Deputy Clerk

CASE NO. _____