PROBATE COURT OF _____ COUNTY, OHIO

ESTATE OF _____, DECEASED

CASE NO. _____

SURVIVING SPOUSE, CHILDREN, NEXT OF KIN, LEGATEES AND DEVISEES

[R.C. 2105.06, 2106.13 and 2107.19]

[Use with those applications or filings requiring some or all of the information in this form, for notice or other purposes. Update as required.]

The following are decedent's known surviving spouse, children, and the lineal descendants of deceased children. If none, the following are decedent's next of kin who are or would be entitled to inherit under the statutes of descent and distribution.

Name	Residence Address	Relationship to Decedent	Birthdate of Minor
		Surviving Spouse	

[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.

☐ There are minor children of the decedent and no surviving spouse.

CASE NO. _____

The following are the vested beneficiaries named in the decedent's will:

Name	Residence Address	Birthdate of minor

[Check whichever of the following is applicable]

☐ The will contains a charitable trust or a bequest or devise to a charitable trust, subject to R.C. 109.23 to 109.41.

☐ The will is not subject to R.C. 109.23 to 109.41 relating to charitable trusts.

_____ Date

_____ Applicant (or give other title)

_____

PROBATE COURT OF _____ COUNTY, OHIO

ESTATE OF _____, DECEASED

CASE NO. _____

APPLICATION TO PROBATE WILL

[R.C. 2107.11, 2107.18, and 2107.19]

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

A document purporting to be decedent's last will is attached and offered for probate, and applicant waives notice of probate of this will.

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

_____
Attorney for Applicant

_____
Typed or Printed Name

_____
Address

_____

_____
Phone Number (include area code)

Attorney Registration No. _____

_____
Applicant

_____
Typed or Printed Name

_____
Address

_____

_____
Phone Number (include area code)

WAIVER OF NOTICE OF PROBATE OF WILL

The undersigned, being persons entitled to notice of the probate of this will, waive such notice. After a certificate is filed evidencing these waivers and any notices given, any action to contest the validity of this will must be filed no more than three months after the filing of the certificate for estates of decedents who die on or after January 1, 2002, and no more than four months after the filing of the certificate for estates of decedents who die before January 1, 2002.

_____ _____

_____ _____

_____ _____

_____ _____

CASE NO. _____

ENTRY ADMITTING WILL TO PROBATE

The Court finds that the purported will of decedent, either on its face or from testimony of the witnesses, complies with applicable law. It is therefore admitted to probate and ordered recorded. The Court further orders that notice of the probate be given to all parties entitled to notice.

_____ _____

Date Probate Judge

CERTIFICATE OF WAIVER OF NOTICE

The undersigned states that all persons entitled to notice:

[Check applicable boxes]

☐ Have waived notice of the application for probate of this will or of a contest as to jurisdiction.

☐ Have waived notice of this will's admission to probate. The waivers are filed herein.

☐ Have not been notified because their names or places of residence are unknown and cannot with reasonable diligence be ascertained.

_____

☐ Fiduciary
☐ Applicant for the admission of this will to probate
☐ Applicant for a release from administration
☐ Other interested person
☐ Attorney for any of the above

Attorney Registration No. _____

PROBATE COURT OF _____ COUNTY, OHIO

ESTATE OF _____, DECEASED

CASE NO. _____

WAIVER OF NOTICE OF PROBATE OF WILL

[R.C. 2107.19(A)(2)]

The undersigned, being persons entitled to notice of the probate of this will, waive such notice. After a certificate is filed evidencing these waivers and any notices given, any action to contest the validity of this will must be filed no more than three months after the filing of the certificate for estates of decedents who die on or after January 1, 2002, and no more than four months after the filing of the certificate for estates of decedents who die before January 1, 2002.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PROBATE COURT OF _____ COUNTY, OHIO

ESTATE OF _____, DECEASED

CASE NO. _____

NOTICE OF PROBATE OF WILL

[R.C. 2107.19(A)]

To: _____

_____

_____

You are hereby notified that the decedent died on _____, _____, that the decedent's will was admitted to probate by this Court located at _____ _____ Ohio, on _____, _____.

This notice is given to all persons who would be entitled to inherit from the decedent had the decedent died intestate and to all legatees and devisees named in this will who do not waive notice. You are receiving this notice as: [check all of the following that apply]

☐ The Surviving Spouse.

☐ A person who would be entitled to inherit from the decedent had the decedent died intestate.

☐ A legatee or devisee named in the will.

After a certificate is filed evidencing any notices given, any action to contest the validity of this will must be filed no more than three months after the filing of the certificate for estates of decedents who die on or after January 1, 2002, and no more than four months after the filing of the certificate for estates of decedents who die before January 1, 2002.

_____
Date

_____
Typed or Printed Name

_____
Address

_____

_____
Phone Number (include area code)

_____

☐ Fiduciary
☐ Applicant for the admission of this will to probate
☐ Applicant for a release from administration
☐ Other interested person
☐ Attorney for any of the above

Attorney Registration No. _____

PROBATE COURT OF _____ COUNTY, OHIO

ESTATE OF _____,
DECEASED

CASE NO. _____

CERTIFICATE OF SERVICE OF NOTICE OF PROBATE OF WILL

[R.C. 2107.19(A)(3)]

The undersigned states that all persons entitled to notice:

[Check all applicable boxes]

- ☐ Have waived notice of the admission of this will to probate. The waivers are filed herein.
- ☐ Have received notice of the admission of this will to probate.
- ☐ Have been notified of the hearing on the probate of this will or a contest as to jurisdiction.
- ☐ Evidence of notification is filed herein.
- ☐ Have not been notified because their names or places of residence are unknown and cannot with reasonable diligence be ascertained.

_____

- ☐ Fiduciary
- ☐ Applicant for the admission of this will to probate
- ☐ Applicant for a release from administration
- ☐ Other interested person
- ☐ Attorney for any of the above

Attorney Registration No. _____

PROBATE COURT OF _____ COUNTY, OHIO

_____, JUDGE

ESTATE OF _____, DECEASED

CASE NO. _____

APPOINTMENT OF APPRAISER

[R.C. 2115.02 & R.C. 2115.06]

☐ The fiduciary / applicant appoints _____ to appraise those assets of decedent's estate which do not have readily ascertainable value, and asks the Court to approve the appointment. Subject to Court approval on the amount of such compensation, the fiduciary agrees to pay the appraiser reasonable compensation for the services as part of the expenses of administering the estate.

☐ The fiduciary / applicant will use the valuation of the real property by the County Auditor.

CERTIFICATION

The fiduciary / applicant hereby certifies that the appraiser appointed above is qualified in accordance with the Local Rules of Court

_____ Date

_____ Fiduciary / Applicant

ENTRY APPROVING APPRAISER / ENTRY SETTING HEARING

☐ The application is hereby approved.

☐ The Court sets _____ at _____o'clock ___.M. as the date and time for hearing the above appointment of appraiser.

_____ Date

_____ Probate Judge

PROBATE COURT OF _____ COUNTY, OHIO

ESTATE OF _____, DECEASED

CASE NO. _____

SUPPLEMENTAL APPLICATION FOR ANCILLARY ADMINISTRATION

Applicant says that the decedent named in the attached application for authority to administer the estate died **[check one of the following]** - ☐ owning property in this county - ☐ having a debtor residing in this county.

Applicant is a resident of Ohio.

[Check one of the following three paragraphs]

☐ Applicant is the general executor named in decedent's Will, and is duly appointed, qualified and acting in that capacity in the state of _____. An exemplified record of the grant of his letters of authority is attached.

☐ Applicant is named in decedent's Will as executor of his Ohio estate.

☐ Applicant is a resident of this county. Decedent either died intestate, or did not designate an Ohio executor or administrator in his Will.

[Check if applicable] - ☐ An authenticated copy of decedent's Will, duly proved in another state, is attached and offered for record.

The estimated value of decedent's Ohio estate is $ _____.

_____
Applicant

PROBATE COURT OF _____ COUNTY, OHIO

ESTATE OF _____, DECEASED

CASE NO. _____

FIDUCIARY'S BOND

[For Executors and all Administrators]

Amount of bond $ _____

The undersigned principal, and sureties if any, are obligated to the State of Ohio in the above amount, for payment of which we bind ourselves and our successors, heirs, executors, and administrators, jointly and severally.

The principal has accepted in writing the duties of fiduciary in decedent's estate, including those imposed by law and such additional duties as may be required by the Court.

This obligation is void if the principal performs such duties as required.

This obligation remains in force if the principal fails to perform such duties, or performs them tardily, negligently, or improperly, or if the principal misuses or misappropriates estate assets or improperly converts them to his own use or the use of another.

[Check if personal sureties are involved.] ☐ The sureties certify that each of them owns real estate in this county, with a reasonable net value as stated below.

_____
Date

_____
Principal

_____
Surety

_____
Surety

by _____
Attorney in Fact

by _____
Attorney in Fact

_____
Typed or Printed Name

_____
Typed or Printed Name

_____
Address

_____
Address

_____

_____

Net value of real estate owned in this county

$ _____

Net value of real estate owned in this county

$ _____

PROBATE COURT OF _____ COUNTY, OHIO

ESTATE OF _____, DECEASED

CASE NO. _____

APPLICATION TO RELIEVE ESTATE FROM ADMINISTRATION

[R.C. 2113.03]

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 will has been admitted to probate in this Court.

☐ To applicant's knowledge, decedent did not leave a will.

[Check one of the following]

☐ The assets are $15,000 or less and decedent died on or after January 1, 1976.

☐ The assets are $25,000 or less and decedent died on or after October 20, 1987.

☐ The assets are $35,000 or less and decedent died on or after November 9, 1994.

☐ The assets are $50,000 or less; the surviving spouse is entitled to all of the assets and the decedent died on or after April 16, 1993.

☐ The assets are $85,000 or less; the surviving spouse is entitled to all of the assets and the decedent died on or after September 14, 1993.

☐ The assets are $100,000 or less; the surviving spouse is entitled to all of the assets and the decedent died on or after March 18, 1999.

Applicant asks that the estate be relieved from administration because the assets do not exceed the statutory limits. A statement of the assets and liabilities of the estate is listed on the attached Form 5.1.

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

_____
Attorney for Applicant

_____
Typed or Printed Name

_____
Address

_____

_____
Phone Number (include area code)

Attorney Registration No. _____

_____
Applicant

_____
Typed or Printed Name

_____
Address

_____

_____
Phone Number (include area code)

WAIVER OF NOTICE

The undersigned surviving spouse, heirs at law, legatees, devisees, and other persons entitled to notice of the filing of the application to relieve decedent's estate from administration, waive such notice.

_____ _____

_____ _____

_____ _____

_____ _____

ENTRY SETTING HEARING AND ORDERING NOTICE

The Court sets _____, at _____ o'clock _____. M., as the date and time for hearing the application to relieve decedent's estate from administration.

[Check one of the following]

☐ All notice is dispensed with as unnecessary.

☐ Notice by publication to interested parties is dispensed with as unnecessary. Written notice shall be given, as provided by law and the Rules of Civil Procedure, to those persons entitled to notice, who have not waived notice.

☐ Written notice is dispensed with as unnecessary. Notice by publication shall be given to interested parties as provided by law and the Rules of Civil Procedure.

☐ Written notice shall be given to those persons entitled to notice, who have not waived notice, and notice by publication shall be given to interested parties, as provided by law and the Rules of Civil Procedure.

_____ _____

Date Probate Judge

PROBATE COURT OF _____ COUNTY, OHIO

ESTATE OF _____, **DECEASED**

CASE NO. _____

ASSETS AND LIABILITIES OF ESTATE TO BE RELIEVED FROM ADMINISTRATION

Following is a summary statement of the character and value of the assets in decedent's estate [Insert a check in the "Appraised" column opposite an item if it was valued by the appraiser. Leave blank if the readily ascertainable value of the item was determined by applicant. Use extra sheets if necessary.]

Automobiles distributed to surviving spouse by affidavit	**Value**
First automobile selected by surviving spouse under R.C. 2106.18 [Omit value when computing total assets] ---------- Appraised value $	XXXX
Second automobile selected by surviving spouse under R.C. 2106.18 [Omit value when computing total assets] ---------- Appraised value $	XXXX
Total value [not to exceed $40,000.00] $	XXXX

Character of asset	**Appraised**	**Value**
Real Estate, described in accompanying Certificate of Transfer No.		$
Other assets		$
Total Assets		$

Following is a list of decedent's known debts. [Use extra sheets if necessary]

Name of Creditor	Nature of Debt	Amount
		$
Total Debts		$

CERTIFICATION

The undersigned appraiser agreed to act as appraiser of decedent's estate, and to appraise the property exhibited truly, honestly, impartially, and to the best of the appraiser's knowledge and ability. The appraiser further says that those assets whose values were not readily ascertainable are indicated above by a check in the "Appraised" column opposite each such item, and that such values are correct.

The undersigned applicant determined the value of those assets whose values were readily ascertainable and were not appraised by the appraiser, and that such values are correct, and to applicant's knowledge the above list of decedent's debts is correct.

Date

Appraiser

Applicant

PROBATE COURT OF _____ COUNTY, OHIO

ESTATE OF _____, **DECEASED**

CASE NO. _____

WAIVER OF NOTICE OF APPLICATION TO RELIEVE ESTATE FROM ADMINISTRATION

The undersigned surviving spouse, heirs at law, legatees, devisees, and other persons entitled to notice of the filing of the application to relieve decedent's estate from administration, waive such notice.

PROBATE COURT OF _____ COUNTY, OHIO

ESTATE OF _____, DECEASED

CASE NO. _____

NOTICE OF APPLICATION TO RELIEVE ESTATE FROM ADMINISTRATION

To the following persons:

_____ Name	_____ Address
_____ Name	_____ Address
_____ Name	_____ Address
_____ Name	_____ Address
_____ Name	_____ Address

An application has been filed in this Court asking that decedent's estate be relieved from administration, saying that the assets in the estate do not exceed the statutory limits.

The hearing on the application will be held _____ at _____ o'clock _____ M. in this Court.

The Court is located at _____

_____

If you know of any reason why the application should not be granted, you should appear and inform the Court.

_____
Probate Judge/Deputy Clerk

PROBATE COURT OF _____ COUNTY, OHIO

ESTATE OF _____, DECEASED

CASE NO. _____

ENTRY RELIEVING ESTATE FROM ADMINISTRATION

[R.C. 2113.03]

Upon hearing the application to relieve decedent's estate from administration, the Court finds that:

Decedent died [check one of the following] - ☐ testate - ☐ intestate. The date of death and domicile are as stated in the application, and the Court has jurisdiction over the estate;

Notice to the surviving spouse, heirs at law, legatees, devisees, and other persons was duly effected or dispensed with by the Court as unnecessary;

The values of the several assets in the estate, given in the application do not exceed the statutory limits.

The Court therefore relieves the estate from administration, and orders [check and complete whichever of the following are applicable]:

☐ That the following personal property be sold [describe]:

_____

_____

☐ That the following debts of decedent shall be paid to the extent of assets:

_____

_____

☐ That the statutory family allowance be paid to the ☐ surviving spouse - ☐ minor children of the decedent - ☐ apportioned between the surviving spouse and minor children of the decedent who are not the children of the surviving spouse. Attach Form 7.2A if necessary.

☐ That Certificate of Transfer No. _____, attached to the application and describing decedent's real estate, issue and be preserved in the records of the Court and that authenticated copies of the certificate be delivered as required to the persons entitled to them;

☐ That the financial institutions holding accounts in decedent's name as set forth below pay the same upon proper tax release [check one of the following] -☐ to the commissioner - ☐ to

_____

_____

_____

☐ That the remainder of the estate be distributed in cash or in kind, as follows:

Name of Distributee	Property	Value or Amount
		$

The Court appoints _____ commissioner, to receive and sell or distribute the personal property or proceeds thereof, and to execute all necessary documents of conveyance, including without limitation those necessary to transfer title to any motor vehicle, motorcycle, watercraft, or other titled personal property sold or distributed in kind. The commissioner shall complete the duties and report to the Court within sixty days of the date of this entry.

_____
Date

_____
PROBATE JUDGE

BARRETT BROTHERS, SPRINGFIELD, OHIO

PROBATE COURT OF _____ COUNTY, OHIO

ESTATE OF _____, **DECEASED**

CASE NO. _____ **DOCKET** _____ **Page** _____

REPORT OF DISTRIBUTION

Now comes your duly appointed _____ herein and submits his Report in said matter. Distribution of the assets has been made in accordance with the previous order of this Court in the following manner:

DATE OF SALE OR DISTRIBUTION	TO WHOM SOLD OR DISTRIBUTED	DESCRIPTION	PROCEEDS OR VALUE

_____
Commissioner

JUDGMENT ENTRY

The within report and distribution having been made according to law and the former order of the Court, it is ordered that the report and distribution are hereby approved.

_____

_____
Probate Judge

PLEASE ATTACH THIS FORM TO APPLICATION TO PAY ATTORNEY FEES

PROBATE COURT OF MONROE COUNTY, OHIO

ESTATE OF _____, **DECEASED**

CASE NO. _____

COMPUTATION OF ATTORNEY FEES

FULL ADMINISTRATION:

First $25,000 at 5%	$ _____
Next $175,000 at 4%	_____
Over $200,000 at 3%	_____

RELEASE:

First $5,000 at 4%	$ _____
Over $5,000 at 3%	_____

JOINT & SURVIVORSHIP PROPERTY:

Two percent (2%) of full value, except at 1% when co-owner is surviving spouse	$ _____

TOTAL: $ _____

ACTUAL FEE TAKEN: $ _____

_____

Attorney for Fiduciary
Regis. No. _____

(Rev. 6/04)

Prob. 78-A 12 BARRETT BROTHERS, PUBLISHERS, SPRINGFIELD, OHIO

PROBATE COURT OF_____COUNTY, OHIO

IN THE MATTER OF _____

Case No. _____ Docket_____ Page _____

APPLICATION TO PAY ATTORNEY FEES

Now comes.....,

.....

herein and represents to the Court that in the course of the administration of said estate, it has been necessary for ..... *to employ the services of*

.....,

attorney; that said attorney has rendered services beneficial to said estate; and that the reasonable value thereof is the sum of $.....

For: (Set forth actual computation)

WHEREFORE, your applicant prays for authority to pay to said attorney said sum in full compensation for his ordinary services rendered herein.

.....

.....

of the Estate of

.....

The State of Ohio,_____**County, ss.**

....., *being first duly sworn,*

says.....*is the*.....

above named and that the facts stated in the foregoing application are true as..... *verily believes.*

.....

Sworn to before me and subscribed in my presence this .....

day of .....

.....

JUDGMENT ENTRY

Common Pleas Court, Probate Division_____County, Ohio

In the Matter of
THE ESTATE OF
.....
Deceased

Order to Pay Attorney Fees

This day this cause came on to be heard upon the foregoing application of the fiduciary for authority to pay reasonable compensation to said fiduciary's attorney for his ordinary services performed in behalf of said estate; and being submitted to the Court, upon the evidence, the Court finds that no further notice of this application or the hearing thereon is necessary; that the facts stated in said application are true; and that the prayer thereof should be granted; and

It is, accordingly, ORDERED, ADJUDGED and DECREED that said fiduciary be and ..... hereby is authorized and directed to pay from the funds of said estate to ....., attorney, the sum of $..... in full compensation for ordinary services herein.

.....
Judge

Approved:

.....*Attorney for*

.....

No.....
Doc..... Page.....
Court of Common Pleas
Probate Division
.....*County, O.*

THE ESTATE OF
In the Matter of
.....
Deceased

Application to Pay Attorney's Fees and Entry Ordering Payment

JUDGMENT ENTRY

Dated.....

Recorded
Jour. Vol..... Page.....

Barrett Brothers, Publishers, Springfield, Ohio

PROBATE COURT OF MONROE COUNTY, OHIO

ESTATE OF _____, DECEASED

CASE NO. _____ DATE OF DEATH _____

NOTICE TO COURT OF DECEDENT'S MEDICAID STATUS

[ ] The decedent **WAS NOT** over the age of 55 years.
[ ] The decedent **WAS** over the age of 55 years.

[ ] The decedent **WAS NOT** a permanently institutionalized individual.
[ ] The decedent **WAS** a permanently institutionalized individual.

[ ] The decedent **WAS NOT** a Medicaid recipient at any time during his/her life.
[ ] The decedent **WAS** a Medicaid recipient at any time during his/her life.

[ ] Decedent's **PREDECEASED SPOUSE WAS** a Medicaid recipient and **WAS** subject to the Medicaid Estate Recovery Program at the time of said spouse's death. Decedent's spouse's name was _____.

[ ] Notice that either the decedent or the decedent's predeceased spouse was a Medicaid recipient and subject to the Medicaid Estate Recovery Program was provided to the Administrator of the Ohio Medicaid Estate Recovery Program or to Attorney James Huggins, Special Counsel to the Administrator of the Ohio Estate Recovery Program by certified U. S. Mail, postage prepaid, on the _____ day of _____, 20_____.

CERTIFICATE

The undersigned Fiduciary hereby certifies that the above information is true and correct.

_____ _____
Date Fiduciary

Rev. 8/2011