

SUMMARY RELEASE OF ESTATE FROM ADMINISTRATION

Instructions for dates of death after August 31, 2000

Call Cathy Kleps at 440-350-2627 with any questions. Please be advised that we are not attorneys and cannot answer any legal questions.

ALL forms must be typed or printed **legibly**.

These forms are available on our website...

Summary Release without Will (\$60.00 filing fee)

1. The filing fee includes 1 entry. Each additional entry is \$2.00. An entry is needed for each item to be released. (One entry can be used for multiple accounts at the **same** bank)
2. Application for Summary Release completed by the surviving spouse OR applicant that has paid or is obligated to pay the funeral bill and burial expenses.
3. Exhibit assets with proof of monetary value. Values for real estate are available on the Auditor's website. A copy of real estate value must be presented to the court.
4. Copy of death certificate.
5. Form 1.0 (surviving spouse, next of kin...)
6. Copy of paid funeral bill, receipt, contract or other document that confirms the applicant's payment or **obligation** to pay funeral bill.
7. Please contact the court if a transfer of real estate is needed as there are additional documents and fees associated with the transfer.

Summary Release with Will (\$90.00 filing fee)

1. Follow instructions 1-6 above and include Application to Probate Will, original Will, Certificate of Waiver of Notice on Will (on 2nd page of Application to Probate Will) and Waivers of Notice of Probate of Will.
2. Please contact the court if a transfer of real estate is needed as there are additional documents and fees associated with the transfer.

**MARK J. BARTOLOTTA, JUDGE
PROBATE COURT OF LAKE COUNTY, OHIO**

ESTATE OF _____, DECEASED
CASE NO. _____

**APPLICATION FOR SUMMARY RELEASE FROM ADMINISTRATION
[R.C. 2113.031]**

The 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 \$2,000 for decedent's funeral and burial expenses.
- ☐ The applicant, who is not 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 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. 2113.03.

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 Financial Institution (include financial institution name and the account's complete identifying number:

_____ \$ _____

- ☐ Stocks and Bonds (include for each stock or bond its serial number, the name of its issuer, the name and address of its transfer agent, and the total number of shares of stocks or bonds):

_____ \$ _____

- ☐ Real estate described in accompanying Form 12.0 Application for Certificate of Transfer and Form 12.1 Certificate of Transfer and date of death value. [Attach verification of value] \$ _____

- ☐ Other assets and date of death values

_____ \$ _____

Total Assets \$ _____

Applicant requests an order granting summary release.

Attorney for Applicant

Applicant's Signature

Typed or Printed Name

Applicant's Typed or Printed Name

Street Address

Street Address

City State Zip Code

City State Zip Code

Phone Number (include area code)

Phone Number (include area code)

Attorney Registration No. _____

Signed and acknowledged by the applicant in my presence this _____ day of _____, 200__.

Notary Public/Deputy Clerk

ESTATE OF _____, DECEASED

CASE NO. _____

**SURVIVING SPOUSE, CHILDREN, NEXT OF KIN,
LEGATEES AND DEVISEES**
(R.C. 2105.06, 2106.13, 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 descendant's 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.

[illegible]

(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:

[illegible]

(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)

MARK J. BARTOLOTTA, JUDGE
PROBATE COURT OF LAKE COUNTY, OHIO

ESTATE OF _____, **DECEASED**

CASE NO. _____

ENTRY GRANTING SUMMARY RELEASE FROM ADMINISTRATION

[R.C. 2113.031]

The Court finds that the application by _____, satisfies all requirements of R.C. 2113.031 and therefore summarily releases the estate from administration and directs:

- ☐ The delivery to the applicant of decedent's personal property set forth in the application with the title to that property.
- ☐ That Certificate(s) of Transfer, attached to the application, be issued.

A certified copy of this order together with a certified copy of the application for this order constitutes sufficient authority for financial institution, corporation or other entity or person referred to in division (A) to (F) of Section 5731.39 of the Revised Code or for a clerk of a Court of Common Pleas to transfer title to the applicant of an asset of the decedent's estate listed in the application.

This order eliminates the need for a financial institution, corporation, or other entity or person to be provided a written consent of the tax commissioner prior to the delivery, transfer, or payment to the applicant of an asset of the decedent's estate listed in the application.

This order eliminates the duty of all persons to file an Ohio Estate Tax Return exclusively for the assets listed in the application.

Date

Probate Judge

MARK J. BARTOLOTTA, JUDGE
PROBATE COURT OF LAKE COUNTY, OHIO

ESTATE OF _____, DECEASED
CASE NO. _____

APPLICATION TO PROBATE WILL

[R.C. 2107.11, 2107.12, and 2107.19]

The 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

Applicant

Typed or Printed Name

Typed or Printed Name

Street Address

Street Address

Phone Number (include area code)

Phone Number (include area code)

Attorney Registration No.

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.

ESTATE OF _____

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 release from administration
 - ☐ Other interested person
 - ☐ Attorney for any of the above

Attorney Registration No. _____

**MARK J. BARTOLOTTA, JUDGE
PROBATE COURT OF LAKE 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.

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

MARK J. BARTOLOTTA, JUDGE
PROBATE COURT OF LAKE 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 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 release from administration
- ☐ Other interested person
- ☐ Attorney for any of the above

Attorney Registration No. _____

Instructions For Service

CASE NAME _____ CASE NO _____

GUARDIANSHIP _____ ESTATE _____ CIVIL _____

TYPE OF HEARING: Appointment of Fiduciary _____
 Other _____

Please issue notice of hearing on the following persons:

<u>NAME</u>	<u>ADDRESS</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TYPE OF SERVICE REQUESTED:

Sheriff _____	Certified Mail _____
Publication _____	Regular Mail _____

Please serve _____ by the Court Investigator.

ATTORNEY'S NAME, ADDRESS AND PHONE:

Date and time of hearing _____

Attorney notified: _____

Completed: _____

Date: _____