

CHECKLIST

SHORT FORM RELEASE

(Disclaimer: This checklist is intended as a guideline only and is subject to modification by the Court at any time)

FILING FEE

Court Costs: \$25.00 (Includes one certified Judgment Entry)
+\$2.00 for each additional certified copy

REQUIREMENTS

The applicant paid the funeral bill in full personally, with their own funds; and
The assets do not exceed \$1,000; and
Funeral expenses are equal to or exceed the amount of assets.

*Note: All paperwork should be typed, single-sided, and please do not staple original paperwork.
All documents being filed must have original signatures*

INITIAL FILING

- ☐ Short Form Release Application/Affidavit
- ☐ Surviving Spouse, Children, Next of Kin, Legatees and Devisees (Form 1.0)
 - If there is Surviving Spouse, make sure a box at the bottom of the form is marked
- ☐ Copy of funeral bill showing paid by the applicant
 - The name of the applicant must match the name of the person who paid the funeral bill.
- ☐ Photocopy of the death certificate – with the social security number marked out
- ☐ Proof of all assets listed along with values must be provided
 - i.e. Auto Title or Registration with Kelley Blue Book Value, copy of Bank Statement, etc.

Lake County Court of Common
Pleas
Division of Probate
Judge Mark J. Bartolotta



Lake County Courthouse, West Annex
25 North Park Place
Painesville, Ohio 44077
Mailing Address: P.O Box 490
Painesville, Ohio 44077
440-350-2626
www.lakecountyohio.gov/probatelco

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

**SHORT FORM RELEASE
APPLICATION/ AFFIDAVIT**

ESTATE OF: _____

DATE OF DEATH: _____ CASE NO: _____

DECEDENT'S DOMICILE(address) _____

Applicant requests that the Court transfer the following asset(s): _____

into the name of _____, for the following reason(s):

Applicant states that this procedure will not prejudice any creditor, and further agrees to provide indemnification in the event a superior claim to these assets is presented.

Relationship to Decedent

Applicant's Signature

Applicant's Printed Name

Applicant's Address

City, State, Zip Code

Applicant's Phone Number

Subscribed and sworn this _____ day of _____, 20 _____

() Assets Exhibited

Deputy Clerk

Applicant/Attorney (or give other title)