CHECKLIST- SUMMARY RELEASE OF ESTATE

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

DEPOSIT: (CASH / CHECK / MONEY ORDER -ONLY)

\$90.00 With Will (Includes one certified Judgment Entry)

+\$2.00 for each additional certified copy

\$60.00 Without Will (Includes one certified Judgment Entry)

+\$2.00 for each additional certified copy

REQUIREMENTS: Review the information below and forms in the checklist to ensure your estate qualifies as a Summary Release.

For dates of death after August 31, 2000

This proceeding may only be used in one of the following situations:

- There is a surviving spouse entitled to the entire family allowance; and The surviving spouse paid or contracted to pay the funeral and burial expenses; and The assets do not exceed \$40,000 plus \$5,000 (for reimbursement for funeral) Note: If the funeral bill was prepaid, a surviving spouse may still do a summary release but the assets cannot exceed \$40,000
- OR
 - 2. The applicant (who is not the surviving spouse) paid or contracted to pay the funeral bill; and the assets do not exceed \$5,000; and Funeral expenses are equal to or exceed the amount of assets.
- ** Proof of assets along w/proof of values MUST be provided to the court.

For more detail on these requirements, see Ohio Revised Code 2113.03.

Note: All paperwork should be typed, single sided, and please do not staple originals.INITIAL FILING:All documents being filed must have original signature.

Copies of the information listed below <u>must</u> be provided at the time at the time of filing:

- D Photocopy of the death certificate with the social security number redacted (must state Lake County resident).
- Copy of funeral bill showing **<u>applicant</u>** paid and/or executed written contract for payment of funeral and burial expenses.
- \Box Proof of all assets listed along with date of death values

Forms for Filing:

- □ Application for Summary Release from Administration (Form 5.10)
- □ Surviving Spouse, Children, Next of Kin, Legatees and Devisees (Form 1.0)
 - If there is a Surviving Spouse, mark the box that applies at the bottom of this form.
- □ Entry Granting Summary Release from Administration (Form 5.11)

If Admitting the Will or Filing Will for Record Only:

- **Original** Last Will and Testament Filed on the case
 - \circ Application to Probate Will (Form 2.0),
 - Waiver of Notice of Probate of Will (Form 2.1)
 - Certificate of Waiver of Notice (Form 2.4)

If Real Estate is being transferred:

- □ Application for Certificate of Transfer (Form 12.0) + **\$7.00**
- $\Box \quad \text{Certificate of Transfer (Form 12.1)}$
- \Box Proof of Valuation:
 - Tax value from the County Auditor AND Deed with Legal Description
- □ For dates of death prior to January 1, 2013, a ET Form 22 is required + \$5.00

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



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

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

Zip Code

County

Post Office

State

[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 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 Inst account's complete identifying number:	itution (include financial institution name and the
		2
		\$
		k or bond its serial number, the name of its issuer, the nd the total number of shares of stocks or bonds):
		<u>\$</u>
		Form 12.0 Application for Certificate of Transfer and Form death value. [Attach verification of value] <u>\$</u>
	Other assets and date of death values	
		<u>\$</u>
		Total Assets \$
Ap	plicant requests an order granting summa	ry release.
Att	torney for Applicant	Applicant's Signature
Ty	ped or Printed Name	Applicant's Typed or Printed Name
Str	reet Address	Street Address
Cit	ty State Zip Code	City State Zip Code
Phe	one Number (include area code)	Phone Number (include area code)
Att	torney Registration No	
Sig	gned and acknowledged by the applicant i	n my presence thisday of, 20 .

Notary Public/Deputy Clerk

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 decedent's children.

- □ The surviving spouse is the natural or adoptive parent of at least one, but not all, of decedent's children.
- \Box The surviving spouse is not the natural or adoptive parent of any of decedent's children.

☐ There are minor children of the decedent who are not the children of the surviving spouse.

 \Box 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.

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

ESTATE OF		, DEC	CEASED
CASE NO			
APPLICATION 7	FO PROB	ATE WILL	
[R.C. 2107.11, 21	07.12, and 210	07.19]	
The applicant states that decedent died on Decedent's domicile was			
	Str	reet Address	
City or Village, or Township if unincorporated area			County
Post Office State	:		Zip Code
waives notice of probate of this will. Decedent's surviving spouse, children, next of kin listed on the attached Form 1.0.			wn to applicant, are
Attorney for Applicant	Applican	t	
Typed or Printed Name	Typed or	Printed Name	
Street Address	Street Ac	ldress	
City State Zip Code	City	State	Zip Code
Phone Number (include area code)	Phone Nu	umber (include area	a code)
Attorney Registration No			

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. [print and sign on the lines below]

FORM 2.0-APPLICATION TO PROBATE WILL

[Side 2 of Form 2.0]

ESTATE OF	2	
LOINLOI		

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._____

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. [sign and print on the lines below]

FORM 2.1-WAIVER OF NOTICE OF PROBATE OF WILL

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

Attorney Registration No.

ESTATE OF	, DECEASED
CASE NO	
	OBATE OF WILL 2107.19(A)]
To:	
decedent's will was admitted to probate by North Park Place Painesville Ohio, 4407	to inherit from the decedent had the decedent died
You are receiving this notice as: [check all The Surviving Spouse	
A person who would be entitled to A legatee or devisee named in the	will.
must be filed no more than three months after	notices given, any action to contest the validity of this will ter the filing of the certificate for estates of decedents who ore than four months after the filing of the certificate for $1, 2002$.

Date		-	Fiduciary Applicant for the admission of this will to probate
Typed or Pri	nted Name		Applicant for release from administration
Address	0		Other interested person Attorney for any of the above
City	State	Zip Code	Attorney Registration No

Phone Number (include area code)

Instructions For Service

		CASE NO		
GUARDIANSHIP	ESTATE	CIVIL		
TYPE OF HEARING:	Appointment of Fiduciary _			
Please issue notice of hearing o	on the following persons:			
NAME	<u>ADDRESS</u>			
	STED.			
I YPE OF SERVICE REQUE				
Sheriff	Certified Ma	il		
Sheriff Publication	Certified Ma Regular Mail	l		
Sheriff Publication Please serve	Certified Ma Regular Mail	l by the Court Investigator.		
Sheriff Publication Please serve	Certified Ma Regular Mail	l by the Court Investigator.		
Sheriff Publication Please serve	Certified Ma Regular Mail t t t	by the Court Investigator.		
Sheriff Publication Please serve ney t Address	Certified Ma Regular Mail Letter Mail Lett	by the Court Investigator.		
Publication Please serve rney tt Address	Certified Ma Regular Mail Letter Mail Lett	by the Court Investigator.		

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