### CHECKLIST-INITIAL FILING OF FULL ADMINISTRATION OF ESTATE TESTATE (WITH WILL)

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

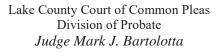
<u>DEPOSIT</u> \$200.00 (Additional court costs will depend on what is filed in the case and those fees will be due at the time of additional filings.) (Cash / Check / Money Orders Only)

#### REQUIREMENTS

The decedent must have been a resident of Lake County, Ohio at the time of death, or owned real estate in Lake County. See R.C. 2109.02 and 2109.07 for additional Requirements.

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

IN	<u>itial Filing</u>
	Photocopy of the death certificate – with the Social Security number redacted
	The original Last Will and Testament of decedent
	Surviving Spouse, Children, Next of Kin, Legatees and Devisees (Form 1.0)
	o If there is Surviving Spouse, mark the box that applies at the bottom of this form.
	Application to Probate Will (Form 2.0)
	Entry Admitting Will to Probate (Form 2.3)
	Waiver of Notice of Probate of Will (Form 2.1)
	o If anyone on front and back of form 1.0 waive notice, then these can be filed with the initial filing.
	Certificate of Service of Notice of Probate of Will (Form 2.4) If applicable
	O This can be filed with the initial filing if everyone on the front and back of the form 1.0 waives notice. If they are to be served notice, then you must wait until you have proof of service before filing this.
	Application for Authority to Administer Estate (Form 4.0)
	o If Applicant is a non-resident, a letter must be filed stating Executor will keep all assets in Ohio.
	Appointment of Appraiser (See R.C. 2109.02 and 2109.07) If applicable
	<ul> <li>If asking the Court to approve an Appraiser, Applicant must file the Application for Appointment of Appraiser (Form 3.0)</li> <li>If this form is filed, the Applicant must include the Appraisers credentials, and Name, Address, and Phone Number.</li> <li>If using the Auditor Valuation, you do not need to file Form 3.0.</li> </ul>
	Waiver of Right to Administer (Form 4.3) If applicable
	o If an Executor named in the Will cannot act as Executor, persons with equal relation to decedent must sign waivers:
	<ul> <li>Must be an Ohio resident to serve as Administrator. No waivers needed from anyone out of state.</li> </ul>
	• If the surviving spouse is the Applicant, then we do not need waivers from anyone.  If there is not a surviving spouse, or surviving spouse is not the Applicant, and there is more than one person on the
	front page of Form 1.0, then everyone other than the Applicant needs to waive.
	Instructions for Service, If applicable
	o If an individual with an equal right to serve as Administrator does not waive right to administer, then they must receive notice
	of the Application. (Ohio Residents only)
	Fiduciary's Bond (Form 4.2) If applicable
	o If sole beneficiary under the will or real estate only, no bond is required.
	o If all beneficiaries consent, a motion to waive bond may be filed (LCPC Form 4.1).
	o If bond is needed, bond amount must be twice the amount of personal property and any annual rental income.
If th	here is a Surviving Spouse, complete one of the following regarding surviving spouse's elective rights:
	If spouse waives notice of service of citation to elect:
	<ul> <li>Waiver of Service to Surviving Spouse of the Citation to Elect (Form 8.6)</li> <li>File with Application</li> </ul>
(	OR
	If spouse does not waive notice, the following forms will be served via certified mail by court (Cost: \$25.00):
	o Citation to Surviving Spouse to Exercise Elective Rights (Form 8.0)
	o Summary of General Rights of Surviving Spouse (Form 8.3) O Certificate of Service and Notice of Citation to Surviving Spouse to Exercise Elective Rights (Form 8.4)





ESTATE OF .		, DECEASED
0405 110		
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

	ne, the following are decedent's scent and distribution.	next of kin who are or would be e	entitled to inherit under the
Name	Residence Address	Relationship to Decedent	Birthdate of Minor
		Surviving Spouse	
[Check which	never of the following is appli	icable]	
☐ The survivi	ng spouse is the natural or adop	ptive parent of all of decedent's o	children.
	ng spouse is the natural or adopti nt's children.	ive parent of at least one, but not	all,
☐ The survivi	ng spouse is not the natural or	adoptive parent of any of decede	ent's children.
☐ There are r	ninor children of the decedent v	who are not the children of the su	urviving spouse.
☐ There are r	ninor children of the decedent a	and no surviving spouse.	

CASE NO.		
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Name	Residence Address	Birthdate of Minor
[Check whichever of the	following is applicable]	
☐ The will contains a chari to 109.41.	table trust or a bequest or devise to a charitable tr	ust, subject to R.C. 109.23
☐ The will is not subject to	R.C. 109.23 to 109.41 relating to charitable trusts	S.
Date	Applicant/Attorney (or give other title	le)

			, DEC	CEASED
	APPLICATIO	N TO PROB	ATE WILL	
	[R.C. 2107.1	1, 2107.12, and	2107.19]	
states that dece	dent died on			
micile was				
		Stree	et Address	
Township if unincor	porated area			County
	State	e		Zip Code
		ll is attached an	nd offered for pro	bate, and applicant
		n, and legatees a	and devisees, kno	wn to applicant, are
Applicant		Applicant		
Typed or Printed Name		Typed or F	Printed Name	
S		Street Add	lress	
State	Zip Code	City	State	Zip Code
er (include area	code)	Phone Nur	mber (include area	a code)
stration No				
WAIV	ER OF NOTIC	E OF PROB <i>a</i>	ATE OF WILL	
s filed evidenci nust be filed no o die on or afte	ing these waivers a more than three rer January 1, 2002,	and any notices months after the and no more	s given, any action e filing of the ce than four months	to contest the validity rtificate for estates of after the filing of the
	states that decemicile was  Township if unincor  Durporting to be of probate of the rviving spouse, ttached Form 1.  Applicant  ted Name  State  State  or (include area of the stration No  WAIV  med, being person of filed evidence of the strate of the str	APPLICATION [R.C. 2107.1]  states that decedent died on	APPLICATION TO PROB  [R.C. 2107.11, 2107.12, and isstates that decedent died on	APPLICATION TO PROBATE WILL  [R.C. 2107.11, 2107.12, and 2107.19]  states that decedent died on

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		
The undersigned states that all persons enti-	E OF WAIVER OF NOTICE itled to notice:		
<ul> <li>[Check applicable boxes]</li> <li>Have waived notice of the application for probate of this will or of a contest as to jurisdiction.</li> <li>Have waived notice of this will's admission to probate. The waivers are filed herein.</li> <li>Have not been notified because their names or places of residence are unknown and cannot with reasonable diligence be ascertained.</li> </ul>			
	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.	
	CE OF PROBATE OF WILL 2107.19(A)(2)]
notice. After a certificate is filed evide action to contest the validity of this will the filing of the certificate for estates of	to notice of the probate of this will, waive such encing these waivers and any notices given, any all must be filed no more than three months after decedents who die on or after January 1, 2002, or the filing of the certificate for estates of 12. [sign and print on the lines below]

FORM 2.1-WAIVER OF NOTICE OF PROBATE OF WILL

ESTATE OF	, DECEASED
CASE NO.	
	CE OF NOTICE OF PROBATE OF WILL a.C. 2107.19(A)(3)]
The undersigned states that all persons	entitled to notice:
[Check all applicable boxes]	
Have waived notice of the admission	on of this will to probate. The waivers are filed herein.
Have received notice of the admiss	ion of this will to probate.
Have been notified of the hearing of	on the probate of this will or a contest as to jurisdiction.
Evidence of notification is filed her	rein.
Have not been notified because the with reasonable diligence be ascert	ir names or places of residence are unknown and cannot ained.
	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	
NOTICE OF PROB [R.C. 2107	
To:	
	Court located at the Lake County Courthouse, 25
After a certificate is filed evidencing any notice must be filed no more than three months after the	erit from the decedent had the decedent died intestate.  es given, any action to contest the validity of this will be filing of the certificate for estates of decedents who han four months after the filing of the certificate for
Date	Fiduciary  Applicant for the admission of this will to probate
Typed or Printed Name	Applicant for release from administration  Other interested person
Address	Attorney for any of the above
City State Zip Code	Attorney Registration No.
Phone Number (include area code)	

#### Instructions For Service

CASE NAME	CASE NO
GUARDIANSHIP ES	TATECIVIL
	ent of Fiduciary
Please issue notice of hearing on the foll	owing persons:
NAME	<u>ADDRESS</u>
TYPE OF SERVICE REQUESTED:  Sheriff  Publication	Certified Mail  Regular Mail
Please serve	by the Court Investigator.
orney	Date and time of hearing:
eet Address	Attorney notified:
State Zip Code	
ne Number (include area code)	Completed:  Date:

ESTATE OF	, DECEASED
CASE NO	

#### **APPLICATION FOR AUTHORITY TO ADMINISTER ESTATE**

[R.C. 2109.02 and 2109.07]

[For Executors and all Administrators; attach supplemental application for ancillary administration, if applicable]						
Applic	cant states that the decedent died on					
Deced	dent's domicile was					
		Street Address				
City or '	Village, or Township if unincorporated area	County				
Post Of	ffice	State	Zip Code			
Applic	cant asks to be appointed					
of dec	cedent's estate. [Check whichever of the foll	owing are applicable] - 🗌 T	o applicant's knowledge, decedent did			
	ave a will Decedent's will has been admittenistration is attached.	ed to probate in this court	A supplemental application for ancillary			
	ned is a list of the surviving spouse, children, ne es those persons entitled to administer the esta	•	es, known to applicant, which list			
The e	stimated value of the estate is:					
Perso	nal property	\$				
Annual real property rentals						
Subtotal, personalty and rentals		\$				
	Property					
Total estimated estate						
Applicant owes the estate						
	state owes applicant					
[Chec	ck one of the following four paragraphs]					
	Applicant says that decedent's will requests with bond.	that no bond be required, and	d therefore asks the Court to dispense			
	Applicant is a trust company duly qualified in	Ohio, and bond is dispensed v	with by law.			

	Applicant is decedent's surviving spouse, and is entitled to the entire net proceeds of the estate, or applicant is the next of kin entitled to the entire net proceeds of the estate and there is no will. Bond is dispensed with by law.					
	Applicant offers the attached bond in the amount of \$					
	Applicant accepts the duties of fiduciary in the by the Court. Applicant acknowledges being required, and also acknowledges being subjas fiduciary.	g subject to removal as	s fiduciary for failure	to perform such duties as		
Attorn	ey for Applicant	Applicant's S	Applicant's Signature			
Турес	l or Printed Name	Typed or Pri	Typed or Printed Name			
Addre	ss	Address	Address			
City	State Zip	City	State	Zip		
Telepl	hone Number (include area code)	Telephone N	Telephone Number (include area code)			
	undersigned, being persons entitled to adminis rior to that of applicant, hereby waive appointme		and whose priority o	of right to do so is equal or		
admi supe	ENTRY SETTING HEA  Court sets  ing the application for authority to administer inistration to be given those persons entitled to a prior to that of applicant, and who have not waive	_, at, at decedent's estate. I dminister decedent's e ed appointment to admi	o'clock M The Court orders n state, whose priority nister the estate.	. as the date and time for otice to take or renounce		
Date		Probate Jude	ge			

CASE NO.