

## 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: CASH/CHECK/ MONEY ORDER ONLY

Court Costs: \$28.00 (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 \$2,500; 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 (LCPC Form 5.12)
- ☐ 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/probate/ccl](http://www.lakecountyohio.gov/probate/ccl)

**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



