CHECKLIST- SUMMARY RELEASE OF ESTATE

\$68.00 Without Will (Includes one certified Judgment Entry) +\$2.00 for each additional certified copy
•
±\$2.00 for each additional certified copy
+\$2.00 for each additional certified copy
hecklist to ensure your estate qualifies as a Summary Release.
wance; and The surviving spouse paid or contracted sement for funeral) still do a summary release but the assets cannot exceed \$40,000 tracted to pay the funeral bill; and the assets exceed the amount of assets.
he court.
13.03.
ould be typed, single sided, and please do not staple original All documents being filed must have original signatur
e time at the time of filing:
number redacted (must state Lake County resident).
d written contract for payment of funeral and burial expenses.
rm 5.10)
risees (Form 1.0)
lies at the bottom of this form.
rm 5.11)
<u>If Real Estate is being transferred:</u> ☐ Application for Certificate of Transfer (Form 12.0) + \$7.00

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

o Waiver of Notice of Probate of Will (Form 2.1)

• Certificate of Waiver of Notice (Form 2.4)



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

• Tax value from the County Auditor AND

Deed with Legal Description
☐ For dates of death prior to January 1, 2013, a

☐ Certificate of Transfer (Form 12.1)

ET Form 22 is required + \$5.00

☐ Proof of Valuation:

ESTATE OF	, DECEASED
CASE NO.	
	RY 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]	
for support and decedent's funeral ar spouse has paid or is obligated in writh the value of the assets does not exceed	g spouse entitled to one hundred percent of the allowance and burial expenses have been prepaid or the surviving iting to pay decedent's funeral and burial expenses and ed the \$40,000 allowance for support under R.C. eding \$5,000 for decedent's funeral and burial expenses.
	pouse, has paid or is obligated in writing to pay es and the value of the assets is the lesser of \$5,000 or the rial expenses.
•	r document that confirms the applicant to pay decedent's at is the surviving spouse, the prepayment receipt, if
The decedent's surviving spouse, next of kin attached Form 1.0.	, legatees and devisees known to applicant, are listed on
Applicant states that there are no pending pro- relief of decedent's estate from administration	occeedings for the administration of decedent's estate or on under R.C. 2113.03.
All known assets with date of death values or	f the estate are as follows:
☐ Motor Vehicles (include year, make, mo number and Certificate of Title number)	del, body type, manufacturer's vehicle identification
	\$

☐ Accounts maintained by a Financial Inaccount's complete identifying number	stitution (include financial institution name and the
	\$
name and address of its transfer agent,	ck or bond its serial number, the name of its issuer, the and the total number of shares of stocks or bonds): \$
	Form 12.0 Application for Certificate of Transfer and Form death value. [Attach verification of value] \$
☐ Other assets and date of death values	
	\$\$
	Total Assets \$
Applicant requests an order granting summ	ary 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 thisday of, 20 .
	Notary Public/Deputy Clerk

ESTATE OF		, DECE	ASED
CASE NO		<u> </u>	
		USE, CHILDREN, NEXT FEES AND DEVISEES	OF
	[Use with those application	.06, 2106.13 and 2107.19] ns or filings requiring some or all tice or other purposes. Update as	
children. If no		spouse, children, and the lineal next of kin who are or would be e	
Name	Residence Address	Relationship to Decedent	Birthdate of Minor
		Surviving Spouse	
[Check which	never of the following is appl	icable]	
☐ The survivi	ng spouse is the natural or ado	ptive parent of all of decedent's	children.
	ng spouse is the natural or adopt 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 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.	•
	ed beneficiaries named in the decedent's will:	District date
Name	Residence Address	Birthdate of Minor
Check whichever of the	following is applicable]	
☐ The will contains a char to 109.41.	ritable trust or a bequest or devise to a charitable to	rust, subject to R.C. 109.23
☐ The will is not subject to	o R.C. 109.23 to 109.41 relating to charitable trust	ts.

Applicant/Attorney (or give other title)

Date

ESTATE OF		, DECEASED
CASE NO.		
ENTRY GRANTING	G SUMMARY RELEASE FROM [R.C. 2113.031]	ADMINISTRATION
The Court finds that the application by of R.C. 2113.031 and therefore summa	rarily releases the estate from admin	, satisfies all requirements istration and directs:
The delivery to the applicant to that property.	nt of decedent's personal property	set forth in the application with the title
That Certificate(s) of Trans	fer, attached to the application, be i	ssued.
authority for financial institution, corp-	oration or other entity or person ref or for a clerk of a Court of Common	tion for this order constitutes sufficient ferred to in division (A) to (F) of n Pleas to transfer title to the applicant
This order eliminates the need for a fin written consent of the tax commissions the decedent's estate listed in the appli	er prior to the delivery, transfer, or	other entity or person to be provided a payment to the applicant of an asset of
This order eliminates the duty of all pethe application.	ersons to file an Ohio Estate Tax Re	eturn exclusively for the assets listed in
Date	Probate Judge	

ESTATE OF	·			, DE0	CEASED
CASE NO					
	API	PLICATION T	TO PROB	ATE WILL	
	1 11 1	[R.C. 2107.11, 2			
The applican	t states that door	dont diad on			
		dent died on			
				et Address	
City or Village, o	or Township if unincorp	porated area			County
Post Office		State	e		Zip Code
	purporting to be e of probate of th		ll is attached a	nd offered for pro	bate, and applicant
	urviving spouse, of attached Form 1.		n, and legatees	and devisees, kno	wn to applicant, are
Attorney for	Applicant		Applicant		
Typed or Prin	nted Name		Typed or I	Printed Name	
Street Address	SS		Street Add	lress	
City	State	Zip Code	City	State	Zip Code
Phone Numb	per (include area o	code)	Phone Nu	mber (include area	a code)
Attorney Reg	gistration No				
	WAIV	ER OF NOTIC	E OF PROBA	ATE OF WILL	
a certificate of this will r decedents where	gned, being persons is filed evidenci must be filed no ho die on or afte	ons entitled to notion ong these waivers more than three rer January 1, 2002	ce of the proba and any notices months after th , and no more	te of this will, was given, any action e filing of the ce than four months	nive such notice. After n to contest the validity ertificate for estates of after the filing of the n on the lines below]
			_		

ESTATE C)F	
CASE NO		
the w	Court finds that the purpovitnesses, complies with ap	ADMITTING WILL TO PROBATE red will of decedent, either on its face or from testimony of plicable law. It is therefore admitted to probate and ordered that notice of the probate be given to all parties entitled to notice.
	Date	Probate Judge
	CERTII undersigned states that all per k applicable boxes]	ICATE OF WAIVER OF NOTICE ons entitled to notice:
[Clicc		pplication for probate of this will or of a contest as to jurisdiction.
		will's admission to probate. The waivers are filed herein.
	Have not been notified bed	use their names or places of residence are unknown and cannot
	with reasonable diligence l	e 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.	_	
	CE OF	F PROBATE OF WILL P(A)(2)]
notice. After a certificate is filed evid action to contest the validity of this w the filing of the certificate for estates of	dencing to the tent of decedent the	these waivers and any notices given, any be filed no more than three months after ents who die on or after January 1, 2002, filing of the certificate for estates of and print on the lines below]

FORM 2.1-WAIVER OF NOTICE OF PROBATE OF WILL

ESTATE OF	, DECEASED
CASE NO.	
	E OF NOTICE OF PROBATE OF WILL a.C. 2107.19(A)(3)]
The undersigned states that all persons of	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 admissi	on of this will to probate.
☐ Have been notified of the hearing or	n the probate of this will or a contest as to jurisdiction.
☐ Evidence of notification is filed here	ein.
☐ Have not been notified because thei with reasonable diligence be ascerta	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 PRO [R.C. 210	
To:	
You are hereby notified that the decedent didecedent's will was admitted to probate by the North Park Place Painesville Ohio, 44077 of	ed on
After a certificate is filed evidencing any notion	therit from the decedent had the decedent died intestate.
	e than 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	ESTATECIVIL
TYPE OF HEARING:	Appointment of Fiduciary
Please issue notice of hear	ring on the following persons:
NAME	<u>ADDRESS</u>
TYPE OF SERVICE RE	EQUESTED:
Sheriff	Certified Mail
	Dogwley Meil
Publication	Regular Mail
	by the Court Investigator.
Please serve	
Please serve	by the Court Investigator.
Please serve	by the Court Investigator.
Please serveorney	by the Court Investigator. Date and time of hearing:
Please serveorney	by the Court Investigator. Date and time of hearing: Attorney notified: Cip Code Completed: