

PROBATE COURT OF SUMMIT COUNTY, OHIO

ESTATE OF _____, DECEASED

CASE NO. _____

APPLICATION TO PROBATE WILL

(R.C. 2107.11, 2107.18, and 2107.19)

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

A document purporting to be decedent's last will is attached and offered for probate, and applicant waives notice of probate of this will.

Decedent's surviving spouse, children, next of kin, and legatees and devisees, known to applicant, are listed on the attached Form 1.0.

Attorney for Applicant

Applicant

Typed or Printed Name

Typed or Printed Name

Address

Address

City State Zip

City State Zip

Phone Number (Include Area Code)

Phone Number (Include Area Code)

Attorney Registration No.

WAIVER OF NOTICE OF PROBATE OF WILL

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.

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 the 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.

IT IS SO ORDERED.

Date

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 a release from administration
Other interested person
Attorney for any of the above

Attorney Registration No. _____

**PROBATE COURT OF SUMMIT COUNTY, OHIO
ELINORE MARSH STORMER, JUDGE**

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

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.

Date

Signature of Applicant (or give other title)

Applicant Printed Name(or give other title)

Date

Signature of Applicant (or give other title)

Applicant Printed Name(or give other title)

PROBATE COURT OF SUMMIT COUNTY, OHIO

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 a release from administration

Other interested person

Attorney for any of the above

Attorney Registration No. _____

PROBATE COURT OF SUMMIT COUNTY, OHIO

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.

_____	_____
_____	_____
_____	_____
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_____	_____
_____	_____
_____	_____
_____	_____

PROBATE COURT OF SUMMIT COUNTY, OHIO
ELINORE MARSH STORMER, JUDGE

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]

Applicant says that decedent died on _____

Decedent's domicile was _____
Street Address

City, or Village, or Township (if unincorporated area) _____ County

Post Office _____ State _____ Zip Code _____

Applicant asks to be appointed _____ of decedent's estate.

[Check whichever of the following is applicable]

- To applicant's knowledge, decedent did not leave a Will.
- Decedent's Will has been admitted to probate in this Court.
- A supplemental application for ancillary administration is attached.

Attached is a list of the surviving spouse, children, next of kin, and legatees and devisees known to applicant, which list includes those persons entitled to administer the estate.

The estimate value of the estate is:

Personal Property	\$ _____
Annual real property rentals	\$ _____
Subtotal, personal and rentals	\$ _____
Real Property	\$ _____
Total estimated estate	\$ <u>_____</u>
Applicant owes the estate	\$ _____
The estate owes applicant	\$ _____

[Check whichever of the following is applicable]

- Applicant says that decedent's Will requests that no bond be required, and therefore asks the Court to dispense with bond.
- Applicant is a trust company duly qualified in Ohio, and bond is dispensed with by law.
- Applicant is decedent's surviving spouse, and is entitled to the entire net proceeds of the estate, or is the next of kin entitled to the entire net proceeds of the estate and there is no will, therefore bond is dispensed with by law.
- Applicant offers the attached bond in the amount of \$ _____.
- Decedent was fifty-five (55) years of age or older at the time of death and was a recipient of medical assistance under Chapter 5111 of the Revised Code. Form 7.0 - Notice of Administrator of Estate Recovery Program has been or will be filed.

CASE NO. _____

Applicant accepts the duties of the fiduciary in the estate, imposed by law, and such additional duties as may be required by the Court. Applicant acknowledges being subject to removal as fiduciary for failure to perform such duties as required, and also acknowledges being subject to criminal penalties for improper conversion of any property held as fiduciary.

Attorney for Applicant's Signature

Applicant's Signature

Attorney for Applicant's Typed or Printed Name

Applicant's Typed or Printed Name

Address

Address

City State Zip

City State Zip

Telephone Number (include area code)

Telephone Number (include area code)

Attorney Registration No.

WAIVER OF RIGHT TO ADMINISTER
[R.C. 2113.06]

The undersigned, being persons entitled to administer decedent's estate, and whose priority of right to do so is equal or superior to that of applicant, hereby waive appointment to administer the estate.

ENTRY SETTING HEARING AND ORDERING NOTICE

The Court sets _____ at _____ o'clock .M. as the date and time for hearing the application for authority to administer decedent's estate. The Court orders notice to take or renounce administration to be given those persons entitled to administer decedent's estate, whose priority of right to do so is equal or superior to that of applicant, and who have not waived appointment to administer the estate.

IT IS SO ORDERED.

JUDGE ELINORE MARSH STORMER

Date

PROBATE COURT OF SUMMIT COUNTY, OHIO
ELINORE MARSH STORMER, JUDGE

ESTATE OF _____, DECEASED

CASE NO. _____

APPLICATION TO DISPENSE WITH APPRAISEMENT

[R.C. 2115.02]

Pursuant to R.C. 2115.02, the known assets of the within estate are such that an appraisal may be dispensed with, to-wit:

(Check appropriate boxes)

- Bank Accounts - Certificates of Deposit
- Listed Stocks
- Automobile
- Note and/or Mortgage
- Real Estate sold on Land Contract
- Personal Property, the value of which is readily ascertainable
- Other (state nature of asset) _____

IT IS THE ORDER OF THIS COURT that the fiduciary herein be permitted to file an inventory without appraisal within the time prescribed by law.

IT IS SO ORDERED.

JUDGE ELINORE MARSH STORMER

APPROVED: _____

Attorney/Applicant Signature

Attorney/Applicant Type or Print Name

PROBATE COURT OF SUMMIT COUNTY, OHIO

ESTATE OF _____, DECEASED

CASE NO. _____

APPOINTMENT OF APPRAISER

(R.C. 2115.02, 2115.06, 2115.07)

The applicant/fiduciary appoints:

Name _____

Address _____

Telephone _____

to appraise those assets of decedent's estate which do not have readily ascertainable value, and asks the Court to approve the appointment. Subject to Court approval on the amount of such compensation, the applicant/fiduciary agrees to pay the appraiser reasonable compensation for his services as part of the expenses of administering the estate.

Applicant/Fiduciary

ENTRY APPROVING APPRAISER

The appointment of appraiser in the above application is hereby approved.

IT IS SO ORDERED.

PROBATE COURT OF SUMMIT COUNTY, OHIO

ESTATE OF: _____, DECEASED

CASE NO. _____

FIDUCIARY'S BOND

(For Executors and all Administrators)

AMOUNT OF THIS BOND \$ _____

The undersigned principal, and sureties, if any, are obligated to the State of Ohio in the above amount, for payment of which we bind ourselves and our successors, heirs, executors, and administrators, jointly and severally.

The principal has accepted in writing the duties of fiduciary in decedent's estate, including those imposed by law and such additional duties as may be required by the Court.

This obligation is void if the principal performs such duties as required.

This obligation remains in force if the principal fails to perform such duties, or performs them tardily, negligently, or improperly, or if the principal misuses or misappropriates estate assets or improperly converts them to his own use or the use of another.

(Check if personal sureties are involved). The sureties certify that each of them owns real estate in this county, with a reasonable net value as stated below.

Date

Surety
By _____
Attorney in Fact

Typed or Printed Name

Address

X

Principal/Fiduciary

Surety
By _____
Attorney in Fact

Typed or Printed Name

Address

NET VALUE OF REAL ESTATE OWNED:
\$ _____

NET VALUE OF REAL ESTATE OWNED:
\$ _____

IT IS SO ORDERED.

PROBATE COURT OF SUMMIT COUNTY, OHIO

ESTATE OF _____, DECEASED

CASE NO. _____

**WAIVER OF SERVICE TO SURVIVING SPOUSE
OF THE CITATION TO ELECT**
(R.C. 2106.01 (A))

The undersigned, surviving spouse of the above named decedent, being eighteen (18) years of age or older and not under disability, waives the service of the citation required by section 2106.01(A) of the Revised Code.

I acknowledge I have received Standard Probate Form 8.3, Summary of General Rights of Surviving Spouse.

I understand that most of my rights must be exercised within five (5) months from the date of the initial appointment of the administrator or executor. If I do not timely elect to exercise any specific right, it will be conclusively presumed I have elected not to exercise that right and the right will be forfeited.

Date

Signature of Surviving Spouse

Typed or Printed Name of Surviving Spouse

Attorney for Fiduciary

Typed or Printed Name

Address

City, State, Zip

Telephone Number (including area code)

Attorney Registration No. _____