

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

ESTATE OF _____, DECEASED

CASE NO. _____

FILING INFORMATION
Real Estate Only
(R.C. 2113.61 (D))

Applicant states that the decedent died testate intestate on _____

Decedent's domicile was _____
Street Address

City of Village or Township if unincorporated area County

Post office State Zip Code

The following documents are attached for filing.

- 1) Original Will, Application to Probate Will, Form 2.0, Waiver of Notice of Probate Will, Form 2.1, And Certificate of Service, Form 2.4 not applicable.
- 2) ET 22 if needed (DOD prior to 1/1/2013) not applicable.
- 3) Surviving Spouse, Next of Kin, Legatees and Devisees, Form 1.0
- 4) Application for Certificate of Transfer, Form 12.0
- 5) Certificate of Transfer, Form 12.1
- 6) Auditor's Value/Original Appraisal (DOD Value)
- 7) Paid Funeral Bill
- 8) Death Certificate (Copy)

Applicant states that decedent was not a Medicaid recipient, the real estate described in the Certificate of Transfer is the only probate asset, and it has been six months since the date of death.

Attorney for Applicant Signature

Applicant Signature

Typed or Printed Name

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.

Applicant's Email address (if applicable)

Attorney's Email address (if applicable)