

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

ESTATE OF \_\_\_\_\_, DECEASED

CASE NO. \_\_\_\_\_

**APPLICATION TO RELEASE DECEDENT'S MEDICAL RECORDS**  
[R.C. 2113.032]

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

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

**(Check all that apply)**

- Applicant is nominated as executor in decedent's Will.
  - Decedent's will has previously been filed in this court for record only.
  - Decedent's will has previously been admitted to probate only in this court.
  - This application is accompanied by a document purporting to be the original of decedent's Will and either  an application to file the Will for record only; or  an application to probate the Will.

- Applicant is a resident of the state of Ohio who is eligible to be appointed administrator of decedent's estate as  the surviving spouse of decedent;  other next of kin of decedent, or  another person suitable to be appointed administrator.

Applicant requests an order authorizing the release of the decedent's medical records and medical billing records for the limited purpose of evaluating a potential wrongful death claim or a personal injury and survivorship action on behalf of decedent.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone Phone Number

\_\_\_\_\_  
Email address