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

| ESTATE OF | | | , DECEASED | |
|-----------------|--|--|---|--|
| CASE N | 0 | | | |
| | APPLICATION FOR AUT | THORITY TO ADMIN . 2109.02 and 2109.07] | IISTER ESTATE | |
| | [For Executors and all Administrators; attach | n supplemental application for ancillary | administration, if applicable] | |
| Applicant sa | ays that decedent died on | | | |
| Decedent's | domicile was | Street Address | | |
| | | Street Address | | |
| City, or Villag | e, or Township (if unincorporated area) | | County | |
| Post Office | | State | Zip Code | |
| Applicant as | sks to be appointed | | of decedent's estate. | |
| [Check whice | chever of the following is applicable] | | | |
| _ | To applicant's knowledge, decedent did r | not leave a Will. | | |
| | Decedent's Will has been admitted to pro | | | |
| | A supplemental application for ancillary a | | | |
| | s a list of the surviving spouse, children, lose persons entitled to administer the e | | devisees known to applicant, which list | |
| The estimat | e value of the estate is: | | | |
| Pe | rsonal Property | | .\$ | |
| | nual real property rentals | | | |
| Su | btotal, personal and rentals | | \$ | |
| Re | al Property | | \$ | |
| To | tal estimated estate | | \$ | |
| Ар | plicant owes the estate | | .\$ | |
| Th | e estate owes applicant | | \$ | |
| [Check whic | chever of the following is applicable] | | | |
| | Applicant says that decedent's Will reque bond. | ests that no bond be required, and | therefore asks the Court to dispense with | |
| | Applicant is a trust company duly qualifie | d in Ohio, and bond is dispensed v | vith 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 Chapter 5111 of the Revised Code. Form be filed. | | ras a recipient of medical assistance under state Recovery Program has been or will | |

| A.H | anth O'read are | | Annilia antia Oissaal | | |
|---------------------------------|---|----------------------|---|--|---|
| Attorney for Applic | ant's Signature | | Applicant's Signati | ıre | |
| Attorney for Applic | ant's Typed or Printed Na | ame | Applicant's Typed | or Printed Name | · |
| Address | | | Address | | |
| City | State | Zip | City | State | Zip |
| Telephone Numbe | r (include area code) | | Telephone Numbe | r (include area code) | |
| Attorney Registra | ation No | | | | |
| | | | | | |
| | ENTRY SE | ETTING HEAF | RING AND ORDER | RING NOTICE | |
| | | | | | |
| renounce admi | ng the application for inistration to be give | en those persons ent | at inister decedent's estate itled to administer decede ve not waived appointmer | The Court orders | riority of right to do |
| time for hearing renounce admit | ng the application for inistration to be give | en those persons ent | inister decedent's estate itled to administer decede | . The Court orders ont's estate, whose put to administer the e | s notice to take or riority of right to do |

CASE NO.

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

| ESTATE OF | _ | | , DECEASED |
|-------------------------|---|---|-------------------------------|
| CASE NO. | | | |
| SUR | LEGAT | JSE, CHILDREN, NEXT EES AND DEVISEES 105.06, 2106.13 and 2107.19] | OF KIN, |
| (U | lse with those applicatio in this form, for not | ns or filings requiring some or all of the info ice or other purposes. Update as required. | rmation) |
| | re decedent's next of | spouse, children, and the lineal desce f kin who are or would be entitled to | |
| | Residence Address | Relationship to Decedent Surviving Spouse | |
| | | | |
| | | | |
| | | | |
| | | | |
| [Check whichever of the | e following is applicable] | | |
| ☐ The surviving spous | se is the natural or add | optive parent of all of the decedent's ch | ildren. |
| ☐ The surviving spous | se is the natural or add | optive parent of at least one, but not all, | , of the decedent's children. |
| ☐ The surviving spous | se is not the natural or | adoptive parent of any of the deceden | t's children. |
| ☐ There are minor chi | ldren of the decedent | who are not the children of the survivin | g spouse. |
| ☐ There are minor chi | ldren of the decedent | and no surviving spouse. | |

| | CASE NO | |
|---------------------------------|---|--------------------------------------|
| The following are the vested be | eneficiaries named in the decedent's will: | |
| Name | Residence | Birthdate of Minor |
| | Address | of Minor |
| | | |
| | | |
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| | | |
| | | |
| | | |
| [Check whichever of the followi | ng is applicable] | |
| ☐ The will contains a charita | ble trust or a bequest or devise to a charitable trus | st, 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 giv | e other title) |
| | Applicant Printed Name(or gi | ve other title) |
| Date | Signature of Applicant (or give | e other title) |
| | Applicant Printed Name(or gi | ve other title) |

PROBATE COURT SUMMIT COUNTY, OHIO

| ESTATE OF | , DECEASED |
|----------------------------------|---|
| CASE NO. | |
| WAIVER OF | RIGHT TO ADMINISTER |
| Application ofdecedent's estate. | for appointment to administer |
| | administer decedent's estate, and whose priority of right to licant, hereby waive appointment to administer the estate. |
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| | |

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

| ESTATE OF | , DECEASED |
|---|--|
| CASE NO | |
| | PENSE WITH APPRAISAL 2115.02] |
| Pursuant to R.C. 2115.02, the known as may be dispensed with: | sets of the within estate are such that an appraisal |
| (Check appropriate boxes) | |
| | |
| appraisal within the statutory time frame. | |
| | 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. | _ |
| _ | ENT OF APPRAISER 5.02, 2115.06, 2115.07) |
| The applicant/fiduciary appoints: | |
| Name Address | |
| Telephone | |
| | nt. Subject to Court approval on the amount of such to pay the appraiser reasonable compensation for his ring the estate. |
| | Applicant/Fiduciary |
| ENTRY APP | ROVING APPRAISER |
| application is hereby approved. | The appointment of appraiser in the above |

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 amount, for payment of which we bind ourselve administrators, jointly and severally. | |
| The principal has accepted in writing the duties of imposed by law and such additional duties as may be | |
| This obligation is void if the principal performs such d | uties as required. |
| This obligation remains in force if the principal fails t negligently, or improperly, or if the principal misuses converts them to his own use or the use of another. | · |
| (Check if personal sureties are involved). The sestate in this county, with a reasonable net value as se | • |
| | Y |
| Date | Principal/Fiduciary |
| Surety | Surety |
| Attorney in Fact | Attorney in Fact |
| Typed or Printed Name | Typed or Printed Name |
| Address | 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 | |
| OF THE CITAT | TO SURVIVING SPOUSE TION TO ELECT 06.01 (A)) |
| . . | above named decedent, being eighteen (18), waives the service of the citation required by |
| I acknowledge I have received Standard Prol Surviving Spouse. | bate Form 8.3, Summary of General Rights of |
| of the initial appointment of the administrator | exercised within five (5) months from the date or executor. If I do not timely elect to exercise umed I have elected not to exercise that right |
| 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._____