

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

ESTATE OF _____, DECEASED

CASE NO. _____

APPLICATION TO RELIEVE ESTATE FROM ADMINISTRATION
(SHORT FORM)

Applicant says that decedent died on _____.

Decedent lived at _____
Street Address

City County State Zip Code

- Applicant asks that the estate be relieved from administration because the assets do not exceed Four Thousand Five Hundred Dollars (\$4,500.00), and does not include real estate or stocks.
- Applicant states that the funeral bill is paid and is attached, no creditors, including Medicaid, will be prejudiced if there is no administration.
- Applicant states that the values given are accurate and readily ascertainable.
- Applicant says the decedent was survived by the people listed on the reverse side.
- Applicant, by signing this document, acknowledges receipt of the Order Relieving the Estate from Administration, and agrees to execute the Order of the Court within fifteen (15) days.

Attorney Signature

Attorney Typed or Print Name

Address

City/State/Zip

Telephone

Attorney Email Address

Supreme Court Registration No.

Applicant Signature

Applicant Typed or Print Name

Address

City/State/Zip

Telephone

Applicant Email Address

Relationship to Decedent

CASE NO. _____

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.

[illegible]

The undersigned (including any person who paid the funeral bill but not an insurance company) verify and agree to the distribution set forth in the Court Order.

[illegible][illegible]