

JAMES A. FREDERICKA
TRUMBULL COUNTY PROBATE COURT
161 High Street
Warren, Ohio 44481
(330) 675-2521
fax: (330) 675-3024
www.trumbullprobate.org

SHORT FORM RELEASE FROM ADMINISTRATION

Local Rule 75.3

The short form release and judgment entry attached as Appendix J may be filed where the assets of an estate are *less than \$20,000.00*, and there is a *surviving spouse and/or minor children*, or where the assets of an estate are *less than \$10,000.00*, and there is *no surviving spouse or minor children*, and evidence is presented at the time of filing, establishing that the funeral expenses have been paid to the extent of the estate priority allowance.

filing fee: \$30.00

(plus an additional \$9.30 per notice of hearing required to be issued to any party by certified mail and \$1.64 per notice required to be issued to the applicant or applicant's attorney)

****The Probate Court accepts payment by cash, check, and money order only. The Court does not accept payment by debit or credit cards.****

*Applicant and decedent must both be Ohio residents

The following forms are not included in this packet and must be requested if needed:

Application to Probate Will
Waiver of Notice of Probate of Will
Waiver of Right to Administer
Certificate of Transfer (real estate)
Application for Transfer of Motor Vehicle
Ohio Estate Tax Return (forms 2 & 22)

**PROBATE COURT OF TRUMBULL COUNTY, OHIO
JAMES A. FREDERICKA, JUDGE**

ESTATE OF _____, DECEASED

CASE NO. _____

APPLICATION FOR SHORT FORM RELEASE FROM ADMINISTRATION

Now comes _____, who resides at _____
_____ and whose telephone number is _____,
having been first duly sworn, states:

1. Applicant's relationship to the Decedent is _____.
2. The Decedent's legal residence at the time of death was _____
_____, and the Decedent's date of death was _____.
3. The Decedent ___ had a will ___ did not have a will (File Form 2.0 and the will if they did)
4. The Decedent's assets consist of the following assets (assets and probable value):

5. The Decedent's unpaid debts consist of the following (list of creditors and amount of debt):

6. Amount of Decedent's funeral expenses: \$ _____ and burial expenses: \$ _____
7. _____ paid \$ _____ toward the Decedent's funeral and burial expenses.
8. \$ _____ is still owed toward the Decedent's funeral and burial expenses. That amount is
owed to _____.
9. Attached is a list of surviving spouse, next of kin, legatees, and devisees, known to the Applicant (Standard Probate Form 1.0).
10. The Applicant requests that the Court issue an order directing and authorizing the Applicant to collect the assets of the decedent and to distribute them as directed by the Court.

Signature of Applicant

Sworn to before me and signed in my presence on this _____ day of _____, 20_____.

Notary Public

ESTATE OF _____, DECEASED

CASE NO. _____

[R.C. 2105.06, 2106.13 and 2107.19]

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 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:

[illegible]

(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.

Notice has been given to the Ohio Attorney General pursuant to R.C. 109.23 to 109.41

Date _____

Applicant (or give other title)

**PROBATE COURT OF TRUMBULL COUNTY, OHIO
JAMES A. FREDERICKA, JUDGE**

ESTATE OF _____, DECEASED
CASE NO. _____

**WAIVER OF NOTICE OF APPLICATION TO RELIEVE ESTATE FROM
ADMINISTRATION**

The undersigned surviving spouse, heirs at law, legatees, devisees, and other persons entitled to notice of the filing of the application to relieve decedent's estate from administration, waive such notice.

**PROBATE COURT OF TRUMBULL COUNTY, OHIO
JAMES A. FREDERICKA, JUDGE**

ESTATE OF _____, **DECEASED**

CASE NO. _____

APPLICATION TO DISPENSE WITH PUBLICATION OF NOTICE

The undersigned hereby makes application to the Court to dispense with publication of notice of the Application to Relieve the Estate from Administration. Applicant states that all debts of the decedent have been or will be paid, and creditors of the estate will not be prejudiced.

Attorney for Applicant

Applicant

Typed or printed Name

Typed or printed Name

Address

Address

City, State, Zip Code

City, State, Zip Code

Phone Number

Phone Number

Registration Number

JUDGMENT ENTRY

Based upon the representations in the above application, The Court finds that publication of notice of the Application to Relieve the Estate from Administration is unnecessary and can be dispensed with.
So ordered.

JAMES A. FREDERICKA
Probate Judge

**PROBATE COURT OF TRUMBULL COUNTY, OHIO
JAMES A. FREDERICKA, JUDGE**

ESTATE OF _____, DECEASED

CASE NO. _____

APPOINTMENT OF APPRAISER

[R.C. 2115.02 & 2115.06]

☐ The fiduciary / applicant appoints _____ 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 fiduciary agrees to pay the appraiser reasonable compensation for the services as part of the expenses of administering the estate.

☐ The fiduciary / applicant will use the valuation of the real property by the County Auditor.

CERTIFICATION

The fiduciary/applicant hereby certifies that the appraiser appointed above is qualified in accordance with the Local Rules of Court

Date

Fiduciary / Applicant

ENTRY APPROVING APPRAISER / ENTRY SETTING HEARING

☐ The application is hereby approved.

☐ The Court sets _____ at _____ o'clock ____ M. as the date and time for hearing the above appointment of appraiser.

Date

James A. Fredericka, Probate Judge

PROBATE COURT OF TRUMBULL COUNTY, OHIO

JAMES A. FREDERICKA, JUDGE

ESTATE OF: _____, **DECEASED**

CASE NO. _____

**CERTIFICATION OF NOTICE TO ADMINISTRATOR OF
MEDICAID ESTATE RECOVERY PROGRAM**

[R.C. 2117.061 AND 5162.21]

**THIS FORM SHALL BE FILED IN THE PROBATE COURT UPON COMPLETION OF
NOTICE TO ADMINISTRATOR**

The undersigned certifies that a Notice in compliance with Ohio Revised Code 2117.061 and 5162.21 was served upon the following by a method authorized by Civ.R. 73 on the _____ day of _____, 20____:

Medicaid Estate Recovery
30 E. Broad Street, 14th Floor
Columbus, Ohio 43215

Attorney for Applicant

Person Responsible for the Estate

Typed or Printed Name

Typed or Printed Name

Address

Address

City, State, Zip Code

City, State, Zip Code

Telephone Number (include area code)

Telephone Number (include area code)

Attorney Registration No. _____

PROBATE COURT OF TRUMBULL COUNTY, OHIO
JAMES A. FREDERICKA, JUDGE

ESTATE OF: _____

CASE NO. _____

**NOTICE TO ADMINISTRATOR OF
MEDICAID ESTATE RECOVERY PROGRAM**

[R.C. 2117.061 AND 5162.21]

**IF THE ESTATE OF THE DECEDENT IS SUBJECT TO THE MEDICAID ESTATE RECOVERY PROGRAM
PURSUANT TO R.C. 5162.21, THIS NOTICE SHALL BE FILED WITH THE ADMINISTRATOR OF THE
PROGRAM AT THE FOLLOWING ADDRESS:**

**Medicaid Estate Recovery
30 E. Broad Street, 14th Floor
Columbus, Ohio 43215**

THIS NOTICE IS NOT A PUBLIC RECORD AND SHALL NOT BE FILED IN THE PROBATE COURT

The undersigned person responsible for the estate hereby states the following:

1. Name of Decedent: _____

2. Address of Decedent: _____

3. Date of Birth: _____ Age: _____

4. Date of Death: _____

5. Social Security Number: _____

6. Check all applicable boxes:

- ☐ A copy of the Schedule of Assets (Form 6.1) or Assets and Liabilities (Form 5.1) is attached;
- ☐ A schedule of any other real and personal property and other assets in which the decedent had any legal title or interest at the time of death (to the extent of the interest), including assets conveyed to a survivor, heir, or assign of the individual through joint tenancy, tenancy in common, survivorship, life estate, living trust, or other arrangement;
- ☐ The spouse of the decedent was subject to the Medicaid estate recovery program, a separate notice is being submitted for the pre-deceased spouse.

Signature - Person Responsible for the Estate

Typed or Printed Name

Address

City, State, Zip

Telephone Number (include area code)

**PROBATE COURT OF TRUMBULL COUNTY, OHIO
JAMES A. FREDERICKA, JUDGE**

ESTATE OF _____, DECEASED

CASE NO. _____

ENTRY RELIEVING ESTATE FROM ADMINISTRATION

(R. C. 2113.03)

Upon hearing the application to relieve decedent's estate from administration, the Court finds that:

Decedent died (check one of the following) - testate - intestate. The date of death and domicile are as stated in the application, and the Court has jurisdiction over the estate.

Notice to the surviving spouse, heirs at law, legatees, devisees, and other persons was duly effected or dispensed with by the Court as unnecessary;

The values of several assets in the estate, given in the application do not exceed the statutory limits.

The Court therefore relieves the estate from administration, and orders (check and complete whichever of the following are applicable):

That the following personal property be sold (describe):

That the following debts of decedent shall be paid to the extent of assets:

That the statutory family allowance be paid to the surviving spouse- minor children of the decedent- apportioned between the surviving spouse and minor children of the decedent who are not the children of the surviving spouse. Attach Form 7.2 A if necessary.

That Certificate of Transfer No. _____, attached to the application and describing decedent's real estate, issue and be preserved in the records of the Court and that authenticated copies of the certificate be delivered as required to the persons entitled to them;

That the financial institutions holding accounts in decedent's name as set forth below pay the same upon proper tax release (check one of the following) - to the commissioner- to

CASE NO.

That the remainder of the estate be distributed in cash or in kind, as follows:

[illegible]

The Court appoints _____ commissioner, to receive and sell or distribute the personal property or proceeds thereof, and to execute all necessary documents or conveyance, including without limitation those necessary to transfer title to any motor vehicle, motorcycle, watercraft, or other titles personal property sold or distributed in kind. The commissioner shall complete the duties and report to the Court within sixty days of the date of this entry.

Date _____

JAMES A. FREDERICKA
JUDGE

PROBATE COURT OF TRUMBULL COUNTY, OHIO
JAMES A. FREDERICKA, JUDGE

IN THE MATTER OF: _____

CASE NO. _____

Confidential Disclosure of Personal Identifiers

(Rule 45(D) of the Rules of Superintendence for the Courts of Ohio)

	<u>Complete Personal Identifier</u>	<u>Identifier</u>	<u>Abbreviation</u>	<u>Form No.</u>	<u>Filing Date</u>
Ex.	<u>123-45-6789</u>	<u>Social Security No.</u>	<u>6789</u>	<u>22.3</u>	<u>07/01/2009</u>
Ex.	<u>000111234567</u>	<u>Copy of Bank Ch. Acct.</u>	<u>Copy of #1</u>	<u>6.3</u>	<u>07/01/2009</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____

☐ Check if additional pages are attached.

Signature of Filing Party

Printed Name

....."F cvg"
This is page ____ of ____ pages