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

#### RELEASE FROM ADMINISTRATION

	probate assets	date of death	other
\$1:	5,000.00 or less	January 1, 1976 to October 19, 1987	
\$2:	5,000.00 or less	October 20, 1987 to November 8, 1994	
\$3	5,000.00 or less	November 8, 1994 to present	
\$50	0,000.00 or less	April 16, 1993 to September 13, 1993	surviving spouse is entitled to all assets
\$8	5,000.00 or less	September 14, 1993 to present	surviving spouse is entitled to all assets
\$10	00,000.00 or less	March 18, 1999 to present	surviving spouse is entitled to all assets

#### Court costs are as follows:

filing	cost	instructions
Release Packet	\$92.00	
Application to Probate Will	\$28.00	you must request this form
Notice of Hearing on Release	\$8.82 per notice	
Certificate of Transfer (Real Estate)	\$7.00 each	you must request this form
Transfer of Motor Vehicle	\$5.00 each	you must request this form
Estate Tax Return	\$2.00	you must request this form
Estate Tax Form 22	no charge	you must request this form
Publication	\$45.00	you must prepare
Application for Appointment of Appraiser	\$5.00	you must complete SPF 3.0
Motion for Attorney Fee	\$5.00	you must prepare motion/journal
Subsequent Motions	\$5.00	

Local Rule 75.3(A) Notice by publication as provided in R.C.2113.03 shall be required, unless found unnecessary by judgment entry.

Local Rule 75.3(B) An appraiser's report as provided in R.C.2113.03 shall be required, unless found unnecessary by judgment entry.

\*\*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 \*\*Must provide a copy of the funeral home bill

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**

ESTATE OF	, DECEASED
CASE NO	
APPLICATION TO REL	EVE ESTATE FROM ADMINISTRATION [R.C. 2113.03]
Applicant states that the decedent of	ed on
Decedent's domicile was	
	Street Address
City or Village, or Township if unincorporated a	ea County
Post Office State	Zip Code
The assets are \$25,000 or less and The assets are \$35,000 or less and The assets are \$50,000 or less; th died on or after April 16, 1993. The assets are \$85,000 or less; th died on or after September 14, 1993 The assets are \$100,000 or less; th died on or after march 18, 1999. [Check, if applicable] Decedent was fifty-five years of a	did not leave a will. decedent died on or after January 1, 1976. decedent died on or after October 20, 1987. decedent died on or after November 9, 1994. surviving spouse is entitled to all of the assets and the decedent surviving spouse is entitled to all of the assets and the decedent
	om administration because the assets do not exceed the statutory es of the estate is listed on the attached Form 5.1.
The decedent's surviving spouse, next of k form 1.0.	n, legatees and devisees known to applicant, are listed on attached
Attorney for Applicant	Applicant's Signature
Typed or Printed Name	Applicant's Typed or Printed Name
Street Address	Street Address
City State Zip Code	City State Zip Code
Phone Number (include area code)	Phone Number (include area code)
Attorney Registration No.	

# WAIVER OF NOTICE

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.

# ENTRY SETTING HEARING AND ORDERING NOTICE

The Court sets \_\_\_\_\_\_, at \_\_\_\_\_o'clock \_\_\_\_. M. , as the date and time for hearing the application to relieve decedent's estate from administration.

[Check on of the following]

All notice is dispensed with as unnecessary.

Notice by publication to interested parties is dispensed with as unnecessary. Written notice shall be given, as provided by law and the Rules of Civil Procedure, to those persons entitled to notice, who have not waived notice.

Written notice is dispensed with as unnecessary. Notice by publication shall be given to interested parties as provided by law and the Rules of Civil Procedure.

Written notice shall be given to those persons entitled to notice, who have not waived notice, and notice by publication shall be given to interested parties, as provided by law and the Rules of Civil Procedure.

Date

James A. Fredericka Probate Judge

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

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

# SURVIVING SPOUSE, CHILDREN, NEXT OF KIN, LEGATEES AND DEVISEES

[R.C. 2105.06, 2106.13 and 2107.19]

[Use with those applications or filings requiring some or all of the information in this form, for notice or other purposes. Update as required.]

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.

Name	Residence Address	Relationship to Decedent	Birthdate of Minor
		Surviving Spouse	
<u>_,,,,,,,,,,,,,,,,,</u> ,,,,,,,,,,,,,,,,,,,			
<u></u>			
<b></b>			
<b></b>			

#### [Check whichever of the following is applicable)

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.

FORM 1.0-SURVIVING SPOUSE, CHILDREN, NEXT OF KIN, LEGATEES AND DEVISEES

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

The following are the vested beneficiaries named in the decedent's will:

<u></u>		
Name	Residence Address	Brirthdate of Minor

#### (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.

Date

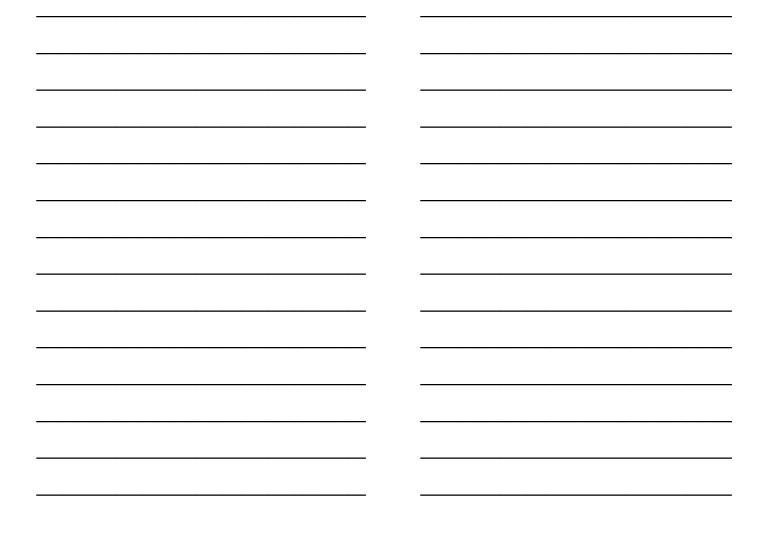
Applicant (or give other title)

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.



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

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

# WAIVER OF RIGHT TO ADMINISTER

Revised Code, Sec. 2113.07

\_\_\_\_\_for appointment to

Application of administer decedent's estate.

The undersigned, being persons entitled to administer decedent's estate, and whose priority of right to do so is equal or superior to that of the applicant, hereby waive appointment to administer the estate.

FORM 4.3 – WAIVER OF RIGHT TO ADMINISTER

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

CASE NO.

### ASSETS AND LIABILITIES FOR ESTATE TO BE RELIEVED FROM **ADMINISTRATION**

Following is a summary statement of the character and value of the assets in decedent's estate [Insert a check in the "Appraised" column opposite an item if it was valued by the appraiser. Leave a blank if the readily ascertainable value of the item was determined by applicant. Use extra sheets if necessary.]

Automobiles distributed to surviving spouse by affidavit	Valu	е	
First automobile selected by surviving spouse under R.C. 2106.	18		
[Omit value when computing total assets]			XXXX
Second automobile selected by surviving spouse under R.C. 210	06.18		
[Omit value when computing total assets]	Appraised value \$		XXXX
Total Value [not to exceed \$ 40,000.00	\$		хххх
Character of asset	Appraised		Value
Real Estate, described in accompanying	••		
Certificate of Transfer No.		\$	
Other Assets		\$	
<u> </u>			
Total Assets		\$	

	CASE	NO	
Following is a list of decedent's known debts. [U	se extra sheets if necessary]		
Name of Creditor	Nature of Debt	Amount	
		\$	
Total Debts	\$		

### CERTIFICATION

The undersigned appraiser agreed to act as appraiser of decedent's estate, and to appraise the property exhibited truly, honestly, impartially, and to the best of the appraiser's knowledge and ability. The appraiser further says that those assets whose values were not readily ascertainable are indicated above by a check in the "Appraised" column opposite each such item, and that such values are correct.

The undersigned applicant determined the value of those assets whose values were readily ascertainable and were not appraised by the appraiser, and that such values are correct, and to applicant's knowledge the above list of decedent's debts is correct.

Date

Appraiser

Applicant

гот	<u>ог</u>	

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

CASE NO.
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## **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

FORM 3.0 APPOINTMENT OF APPRAISER

Amended: March 1, 2017 Discard all previous versions of this form

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 150 E. Gay Street, 21st 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.

### **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 150 E. Gay Street, 21st Floor Columbus, Ohio 43215

Attorney for Applicant

Typed or Printed Name

Address

City, State, Zip Code

Telephone Number (include area code)

Attorney Registration No.

Typed or Printed Name

Person Responsible for the Estate

Address

City, State, Zip Code

Telephone Number (include area code)

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 spouseminor children of apportioned between the surviving spouse and minor children of the decedent who are the decedentnot 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 commissionerto

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

Name of Distributee	Property	Value or Amount
		<u>\$</u>

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

IN THE MATTER OF \_\_\_\_\_

CASE NO.

# **Confidential Disclosure of Personal Identifiers**

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

Koustswelep	<b>Abbreviation</b>	<u>Form No.</u>	Filing Dat
Social Security No.	<u>6789</u>	22.3	<u>07/01/2009</u>
<u>Cp{vgy p Bank Ck. Acct.</u>	<u>Ap{wy p #1</u>	<u>6.3</u>	<u>07/01/2009</u>
are attached.			
Signatu	re of Filing Party	,	
	<u>Cp{vqy p Bank Ck. Acct.</u>	Cp{wqy p Bank Ck. Acct.  Ap{wqy p #1	Cp{wqv p Bank Ck. Acct.  Ap{wqv p #1  6.3