

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
	\$15,000.00 or less	January 1, 1976 to October 19, 1987	
	\$25,000.00 or less	October 20, 1987 to November 8, 1994	
	\$35,000.00 or less	November 8, 1994 to present	
	\$50,000.00 or less	April 16, 1993 to September 13, 1993	surviving spouse is entitled to all assets
	\$85,000.00 or less	September 14, 1993 to present	surviving spouse is entitled to all assets
	\$100,000.00 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

**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. _____

APPLICATION TO RELIEVE ESTATE FROM ADMINISTRATION

[R.C. 2113.03]

Applicant states that the decedent died on _____

Decedent's domicile was _____
Street Address

City or Village, or Township if unincorporated area County

Post Office State Zip Code

[Check one of the following]

Decedent's will has been admitted to probate in this Court.

To applicant's knowledge, decedent did not leave a will.

[Check one of the following]

The assets are \$15,000 or less and decedent died on or after January 1, 1976.

The assets are \$25,000 or less and decedent died on or after October 20, 1987.

The assets are \$35,000 or less and decedent died on or after November 9, 1994.

The assets are \$50,000 or less; the surviving spouse is entitled to all of the assets and the decedent died on or after April 16, 1993.

The assets are \$85,000 or less; the surviving spouse is entitled to all of the assets and the decedent died on or after September 14, 1993.

The assets are \$100,000 or less; the surviving spouse is entitled to all of the assets and the decedent died on or after March 18, 1999.

[Check, if applicable]

Decedent was fifty-five years of age or older at the time of death and was a recipient of medical assistance under Chapter 5111 of the Revised Code. SPF 7.0 Notice to Administrator of Estate Recovery Program has been filed.

Applicant asks that the estate be relieved from administration because the assets do not exceed the statutory limits. A statement of the assets and liabilities of the estate is listed on the attached Form 5.1.

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

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

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

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		Value
First automobile selected by surviving spouse under R.C. 2106.18 [Omit value when computing total assets]-----Appraised value \$	xxxx	xxxx
Second automobile selected by surviving spouse under R.C. 2106.18 [Omit value when computing total assets]-----Appraised value \$	xxxx	xxxx
Total Value [not to exceed \$ 40,000.00	\$	xxxx

Character of asset	Appraised	Value
Real Estate, described in accompanying Certificate of Transfer No.		\$

Other Assets \$

Total Assets \$

**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: _____

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

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 _____, 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

**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>Abbreviation</u>	<u>Form No.</u>	<u>Filing Date</u>	
<i>Ex.</i>	<u>123-45-6789</u>	<u>Social Security No.</u>	<u>6789</u>	<u>22.3</u>	<u>07/01/2009</u>
<i>Ex.</i>	<u>000111234567</u>	<u>Checking Bank Ck. Acct.</u>	<u>Account #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