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

ESTATE OF			, DECEASED		
CAS	SE NO				
1	APPLICATION FOR SUM	MARY RELEASE F [R.C. 2113.031]	ROM ADMINISTRATION		
Appl	icant states that decedent died or	n			
Dece	edent's domicile was	Street Address	·		
City or	Village, or Township if unincorporated area	a 	County		
Post Of	ffice	State	Zip Code		
[Che	ck one of the following]				
	allowance for support and d the surviving spouse has pa burial expenses and the valu	lecedent's funeral and build or is obligated in wrue of the assets does no	tled to one hundred percent of the purial expenses have been prepaid or riting to pay decedent's funeral and of exceed the \$40,000 allowance for ot exceeding \$5,000 for decedent's		
		l expenses and the value	paid or is obligated in writing to pay e of the assets is the lesser of \$5,000 ses.		
oblig		al and burial expenses	confirms the applicant's payment or or if the applicant is the surviving		
	decedent's surviving spouse, nextached Form 1.0.	kt of kin, legatees and de	evisees known to applicant, are listed		
	icant states that there are no per lief of decedent's estate from add		te administration of decedent's estate 2113.03.		
All k	nown assets with date of death v	values of the estate are as	s follows:		
	Motor Vehicles (include identification number and Ce	•	oody type, manufacturer's vehicle r)		
			\$		
			\$		

	CASE NO				
	Accounts maintained by a Financial Institution (include financial institution name and the account's complete identifying number):				
			\$		
	•				
	Stocks and Bonds (include for issuer, the name and address of it or bonds):				
			\$		
			¢.		
	Real estate described in accompanying Form 12.0 Application for Certificate of Transfe and Form 12.1 Certificate of Transfer and date of death value. [Attach verification o value.]				
	Other assets and date of death val	lues			
			\$_		
			T . 1 A		
			Total Assets \$_		
Appli	cant requests an order granting sum	mary release.			
Attorn	ney for Applicant	Applicant's Sig	Applicant's Signature		
Typed	or Printed Name	Applicant's Ty	Applicant's Typed or Printed Name		
Street	Address	Street Address	Street Address		
City	State Zip Code	City	State	Zip Code	
Phone	Number (include area code)	Phone Number	(include area code)		
Attorn	ney Registration No	_			
Signe	d and acknowledged by the applican	nt in my presence this	day of		
		Notar	ryPublic/DeputyClerk		

FORM 5.10 - APPLICATION FOR SUMMARY RELEASE FROM ADMINISTRATION