

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

FULL ESTATE PACKET

The following forms are included in a full estate packet:

- Application to Probate Will (form 2.0)
- Surviving Spouse, Next of Kin, Legatees and Devisees (form 1.0)
- Application for Authority to Administer Estate (form 4.0)
- Appointment of Appraiser (form 3.0)
- Waiver of Notice of Probate of Will (form 2.1)
- Waiver of Right to Administer (form 4.3)
- Waiver of Service to Surviving Spouse of the Citation to Elect (form 8.6)
- Notice to Administrator of Estate Recovery Program (form 7.0)
- Fiduciary's Bond (form 4.2)
- The filing fee is \$161.00

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

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

ESTATE OF _____, DECEASED
CASE NO. _____

APPLICATION TO PROBATE WILL

[R.C. 2107.11, 2107.18, and 2107.19]

Applicant states that decedent died on _____

Decedent's domicile was _____
Street Address

City or Village, or Township if unincorporated area County

Post Office State Zip Code

A document purporting to be decedent's last will is attached and offered for probate, and applicant waives notice of probate of this will.

Decedent's surviving spouse, children, next of kin, and legatees and devisees, known to applicant, are listed on the attached Form 1.0.

Attorney for Applicant

Applicant

Typed or Printed Name

Typed or Printed Name

Address

Address

Phone Number (include area code)

Phone Number (include area code)

Facsimile Number (include area code)

Facsimile Number (include area code)

E-mail Address

E-mail Address

Attorney Registration No. _____

WAIVER OF NOTICE OF PROBATE OF WILL

The undersigned, being persons entitled to notice of the probate of this will, waive such notice. After a certificate is filed evidencing these waivers and any notices given, any action to contest the validity of this will must be filed no more than three months after the filing of the certificate for estates of decedents who die on or after January 1, 2002 and no more than four months after the filing of the certificate for estates of decedents who die before January 1, 2002.

CASE NO. _____

ENTRY ADMITTING WILL TO PROBATE

The Court finds that the purported will of decedent, either on its face or from testimony of the witnesses, complies with the applicable law. It is therefore admitted to probate, and ordered recorded. The Court further orders that notice of the probate be given to all parties entitled to notice.

Date

James A. Fredericka, Judge

CERTIFICATE OF WAIVER OF NOTICE

The undersigned states that all persons entitled to notice:

[Check applicable boxes]

- ☐ Have waived notice of the application for probate of this will or of a contest as to jurisdiction.
- ☐ Have waived notice of this will's admission to probate. The waivers are filed herein.
- ☐ Have not been notified because their names or places of residence are unknown and cannot with reasonable diligence be ascertained.

- _____
☐ Fiduciary
☐ Applicant for the admission of this will to probate
☐ Applicant for a release from administration
☐ Other interested person
☐ Attorney for any of the above

Attorney Registration No. _____

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

ESTATE OF _____, DECEASED

CASE NO. _____

**WAIVER OF NOTICE OF PROBATE OF WILL
[R.C. 2107.19(A)(2)]**

The undersigned, being persons entitled to notice of the probate of this will, waive such notice. After a certificate is filed evidencing these waivers and any notices given, any action to contest the validity of this will must be filed no more than three months after the filing of the certificate for estates of decedents who die on or after January 1, 2002 and no more than four months after the filing of the certificate for estates of decedents who die before January 1, 2002.

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

ESTATE OF _____, DECEASED

CASE NO. _____

APPLICATION FOR AUTHORITY TO ADMINISTER ESTATE

[R.C. 2109.02 and 2109.07]

[For Executors and all Administrators; attach supplemental
application for ancillary administration, if applicable]

Applicant states that decedent died on _____

Decedent's domicile was _____
Street Address

City or Village, or Township if unincorporated area _____ County

Post Office _____ State _____ Zip Code _____

Applicant asks to be appointed _____ of
decedent's estate. **[Check whichever of the following are applicable]** – To applicant's knowledge, decedent did not
leave a Will – Decedent's Will has been admitted to probate in this Court – A supplemental application for ancillary
administration is attached.

Attached is a list of the surviving spouse, children, next of kin, and legatees and devisees, known to applicant, which list
includes those persons entitled to administer the estate.

The estimated value of the estate is:

Personal property \$ _____

Annual real property rentals. \$ _____

Subtotal, personalty and rentals. \$ _____

Real property. \$ _____

Total estimated estate. \$ _____

Applicant owes the estate. \$ _____

The estate owes applicant. \$ _____

(Check one of the following four paragraphs)

Applicant says that decedent's Will requests that no bond be required, and therefore asks the Court to dispense
with bond.

CASE NO. _____

Applicant is a trust company duly qualified in Ohio, and bond is dispensed with by law.

Applicant is decedent's surviving spouse, and is entitled to the entire net proceeds of the estate, or is the next of kin entitled to the entire net proceeds of the estate and there is no will, therefore bond is dispensed with by law.

Applicant offers the attached bond in the amount of \$ _____.

[Check, if applicable]

Decedent was fifty-five (55) 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 accepts the duties of fiduciary in the estate, imposed by law, and such additional duties as may be required by the Court. Applicant acknowledges being subject to removal as fiduciary for failure to perform such duties as required, and also acknowledges being subject to criminal penalties for improper conversion of any property held as fiduciary.

Attorney for Applicant

Applicant

Typed or Printed Name

Typed or Printed Name

Address

Address

Phone Number (include area code)

Phone Number (include area code)

Facsimile Number (include area code)

Facsimile Number (include area code)

E-mail Address

E-mail Address

Attorney Registration No. _____

WAIVER OF RIGHT TO ADMINISTER

[R.C. 2113.06]

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 applicant, hereby waive appointment to administer the estate.

ENTRY SETTING HEARING AND ORDERING NOTICE

The Court sets _____, at _____ o'clock _____ M. as the date and time for hearing the application for authority to administer decedent's estate. The Court orders notice to take or renounce administration to be given those persons entitled to administer decedent's estate, whose priority of right to do so is equal or superior to that of applicant, and who have not waived appointment to administer the estate.

Date

JAMES A. FREDERICKA
Probate Judge

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

[illegible]

[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.

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.

Date _____

Applicant (or give other title)

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

ESTATE OF _____, DECEASED
CASE NO. _____

WAIVER OF RIGHT TO ADMINISTER
Revised Code, Sec. 2113.07

Application of _____ for appointment to
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.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**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
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. _____

**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 _____,
DECEASED

CASE NO. _____

**WAIVER OF SERVICE TO SURVIVING SPOUSE OF THE
CITATION TO ELECT**

[R.C. 2106.01(A)]

The undersigned, surviving spouse of the above named decedent, being eighteen years of age or older and not under disability, waives the service of the citation required by section 2106.01(A) of the Revised Code.

I acknowledge receipt of Standard Probate Form 8.3, Summary of General Rights of Surviving Spouse.

I understand that most of my rights must be exercised within five months from the date of the initial appointment of the administrator or executor. If I do not timely elect to exercise any specific right, it will be conclusively presumed I have elected not to exercise that right and the right will be forfeited.

Date

Signature of Surviving Spouse

Typed or printed name of surviving spouse

Attorney for Fiduciary

Typed or Printed Name

Address

Telephone Number (including area code)

Attorney Registration No

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

IN THE MATTER OF THE ESTATE OF _____

CASE NO. _____

FIDUCIARY'S BOND

[For Executors and all Administrators]

Amount of Bond \$_____

The undersigned principal, and sureties if any, are obligated to the State of Ohio in the above amount, for payment of which we bind ourselves and our successor, heirs, executors and administrators, jointly and severally.

The principal has accepted in writing the duties of fiduciary in the above matter, including those imposed by law and such additional duties as may be required by the Court.

This obligation is void if the principal performs such duties as required.

This obligation remains in force if the principal fails to perform such duties, or performs them tardily, negligently, or improperly, or if the principal misuses or misappropriates the assets or improperly converts them to the fiduciary's use or the use of another.

[Check if personal sureties are involved] - The sureties certify that each of them owns real estate in this county, with a reasonable net value as stated below.

Date

Principal

Surety
by _____
Attorney in Fact

Surety
by _____
Attorney in Fact

Typed or Printed Name

Typed or Printed Name

Address

Address

Net value of real estate owned in this county

Net value of real estate owned in this county

\$ _____

\$ _____