

PROBATE COURT OF _____ COUNTY, OHIO

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)

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 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

Probate 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 _____ COUNTY, OHIO

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 _____ COUNTY, OHIO

ESTATE OF _____, DECEASED

CASE NO. _____

NOTICE OF PROBATE OF WILL

[R.C. 2107.19(A)]

To: _____

You are hereby notified that the decedent died on _____, _____, that the decedent's will was admitted to probate by this Court located at _____ Ohio, on _____, _____.

This notice is given to all persons who would be entitled to inherit from the decedent had the decedent died intestate and to all legatees and devisees named in this will who do not waive notice. You are receiving this notice as: [check all of the following that apply]

- The Surviving Spouse.
- A person who would be entitled to inherit from the decedent had the decedent died intestate.
- A legatee or devisee named in the will.

After a certificate is filed evidencing 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.

Date

Typed or Printed Name

Address

Phone Number (include area code)

- 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 _____ COUNTY, OHIO

**ESTATE OF _____,
DECEASED**

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

Probate Judge

PROBATE COURT OF _____ COUNTY, OHIO

ESTATE OF _____,
DECEASED

CASE NO. _____

CERTIFICATE OF SERVICE OF NOTICE OF PROBATE OF WILL
[R.C. 2107.19(A)(3)]

The undersigned states that all persons entitled to notice:

[Check all applicable boxes]

- Have waived notice of the admission of this will to probate. The waivers are filed herein.
- Have received notice of the admission of this will to probate.
- Have been notified of the hearing on the probate of this will or a contest as to jurisdiction.
- Evidence of notification is 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 _____ COUNTY, OHIO

_____, JUDGE

ESTATE OF _____, DECEASED

CASE NO. _____

APPOINTMENT OF APPRAISER

[R.C. 2115.02 & R.C. 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

Probate Judge

PROBATE COURT OF _____ COUNTY, OHIO

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

CASE NO. _____

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

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

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)

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

Probate Judge

**IN THE COURT OF COMMON PLEAS
PIKE COUNTY, OHIO
PROBATE DIVISION**

ESTATE OF _____, DECEASED

CASE NO: _____

EXECUTOR/ADMINISTRATOR-FIDUCIARY'S ACCEPTANCE

(O.R.C. 2109.02)

I, the undersigned, hereby accept the duties which are required of me by law, and such additional duties as are ordered by the Court. As executor/administrator of the estate I will:

- 1) Inventory any safe deposit box of the decedent.
- 2) Prepare and file an inventory of the real and personal assets of the estate within 3 months after my appointment, or such time as extended by the Court.
- 3) Deposit funds which come into my hands in a lawful depository located within this state.
- 4) Keep estate funds in separate estate accounts at all times during the administration of the estate. I will not commingle my personal assets and funds with estate assets or funds.
- 5) Invest all funds in a lawful manner.
- 6) Timely pay the appraiser's fee and bond premium, if any.
- 7) Pay and disclose on the estate account all estate debts paid.
- 8) Send Notice of Probate of Will (if applicable) within 2 weeks of my appointment and file the final account within 6 months of my appointment unless extended by the Court and file additional accounts annually.
- 9) File all tax documents for the estate and the decedent as required by law.
- 10) Obey all Orders of the Court.
- 11) Allow my name, address, and telephone number to appear in the Court's docket and be accessible through the Court's website.
- 12) Immediately notify the Probate Court in writing if I change my street and/or mailing address.

NOTE: The Attorney shall not be paid attorney fees prior to the preparation of the final account unless specifically authorized by the Court.

I acknowledge that pursuant to 2109.02 I am subject to removal as fiduciary if I fail to perform my duties. Further, I acknowledge that I am subject to possible civil and criminal penalties for improper conversion of the property which I hold as Fiduciary.

Date

Executor/Administrator

PROBATE COURT OF _____ COUNTY, OHIO

ESTATE OF _____, DECEASED

CASE NO. _____

ENTRY APPOINTING FIDUCIARY; LETTERS OF AUTHORITY

[For Executors and all Administrators]

Name and Title of Fiduciary _____

On hearing in open Court the application of the above fiduciary for authority to administer decedent's estate, the Court finds that;

Decedent died [check one of the following] testate - intestate - on _____, domiciled in _____.

[Check one of the following] Bond is dispensed with by the Will - Bond is dispensed with by law - Applicant has executed and filed an appropriate bond, which is approved by the Court; and

Applicant is a suitable and competent person to execute the trust.

The Court therefore appoints applicant as such fiduciary, with the power conferred by law to fully administer decedent's estate. This entry of appointment constitutes the fiduciary's letters of authority.

_____ Date

_____ PROBATE JUDGE

CERTIFICATE OF APPOINTMENT AND INCUMBENCY

The above document is a true copy of the original kept by me as custodian of the records of this Court. It constitutes the appointment and letters of authority of the named fiduciary, who is qualified and acting in such capacity.

_____ Probate Judge/Clerk

by

_____ [Seal]

_____ Date

PROBATE COURT OF _____ COUNTY, OHIO

ESTATE OF _____, DECEASED

CASE NO. _____

INVENTORY AND APPRAISAL

[R.C. 2115.02 and 2115.09]

To the knowledge of the fiduciary the attached schedule of assets in decedent's estate is complete. The fiduciary determined the value of those assets whose values were readily ascertainable and which were not appraised by the appraiser, and that such values are correct.

The estate is recapitulated as follows:

Tangible personal property.....\$ _____
Intangible personal property.....\$ _____
Real property.....\$ _____
Total.....\$ _____

First automobile transferred to surviving spouse under R.C. 2106.18 value \$ _____
Second automobile transferred to surviving spouse under R.C. 2106.18 value \$ _____
Total value [not to exceed \$40,000.00]..... \$ _____

Insofar as it can be ascertained, an Ohio Estate Tax Return []will [] will not be filed.

[] The fiduciary is also the surviving spouse of the decedent and waives notice of the taking of the inventory.

Attorney

Fiduciary

Attorney Registration No. _____

APPRAISER'S CERTIFICATE

The undersigned appraiser agrees 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 on the attached schedule by a check in the "Appraised" column opposite each such item, and that such values are correct.

Appraiser

CASE NO. _____

WAIVER OF NOTICE OF TAKING OF INVENTORY
[R.C. 2115.04]

The undersigned surviving spouse hereby waives notice of the time and place of taking the inventory of decedent's estate.

Surviving Spouse

WAIVER OF NOTICE OF HEARING ON INVENTORY
[Use when notice is required by the Court or deemed necessary by the fiduciary]

The undersigned, who are interested in the estate, waive notice of the hearing on the inventory.

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

ENTRY SETTING HEARING

The Court sets _____ at _____ o'clock _____.M., as the date and time for hearing the inventory of decedent's estate.

Date

Probate Judge

PROBATE COURT OF _____ COUNTY, OHIO

ESTATE OF _____, DECEASED

CASE NO. _____

NOTICE OF HEARING ON INVENTORY

[R.C. 2115.16]

To:

You are hereby notified that the inventory of decedent's assets has been filed, and the hearing on the inventory will be held on _____ at _____ o'clock _____. M.

The Court is located at _____

Exceptions to the inventory must be filed in writing at least five days prior to the date set for the hearing.

Fiduciary/Attorney for Fiduciary

Attorney Registration No. _____

PROBATE COURT OF _____ COUNTY, OHIO

_____, 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 _____ COUNTY, OHIO

_____, 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 _____ COUNTY, OHIO

ESTATE OF: _____

CASE NO. _____

CITATION TO SURVIVING SPOUSE TO EXERCISE ELECTIVE RIGHTS [R.C. 2106.01 and 2106.02]

To: _____ Name of Surviving Spouse _____ Address _____ City, State, Zip Code _____

You are hereby cited to elect to exercise your rights as surviving spouse. A summary of these rights is attached and incorporated herein. These rights include the right to elect against the will. Most of the rights must be exercised within five months from the date of the initial appointment of the administrator or executor. If you do not timely elect to exercise any specific right, it will be conclusively presumed you have elected not to exercise that right and the right will be forfeited. If you have questions concerning your rights, you should consult an attorney of your choice.

The date of appointment of the administrator or executor is: _____.

The address of the probate court is: _____.

The names and addresses of the executor or administrator and his or her attorney are:

Attorney for Applicant _____ Name _____ Attorney Registration No. _____ Title _____ Address _____ Address _____ Phone Number (include area code) _____ Phone Number (include area code) _____

Date: _____ Probate Judge _____ By: _____ Deputy Clerk

PROBATE COURT OF _____ COUNTY, OHIO

ESTATE OF _____, DECEASED

CASE NO. _____

ELECTION OF SURVIVING SPOUSE TO TAKE UNDER WILL
[R.C. 2106.05]

I, decedent's surviving spouse, elect to take under decedent's Will.

Date

Surviving Spouse

Approved By:

Attorney for Surviving Spouse

Typed or Printed Name

Address

Phone Number (include area code)

Attorney Registration No.

PROBATE COURT OF _____ COUNTY, OHIO

ESTATE OF _____, DECEASED

CASE NO. _____

ELECTION OF SURVIVING SPOUSE TO TAKE AGAINST WILL
[R.C. 2106.01 and 2106.06]

I, decedent's surviving spouse, elect to take against decedent's Will.

Decedent's Will, my rights under the Will, and my rights by electing to take against the Will have been explained to me.

Date

Surviving Spouse

The above election to take against decedent's Will was made by the surviving spouse in person, before me. Before accepting the election, I explained to the surviving spouse the decedent's Will, the rights under the Will, and the rights by electing to take against the Will.

Probate Judge/Magistrate

Approved By:

Attorney for Surviving Spouse

Typed or Printed Name

Address

Phone Number (include area code)

Attorney Registration No. _____

PROBATE COURT OF _____ COUNTY, OHIO

ESTATE OF: _____

CASE NO. _____

SUMMARY OF GENERAL RIGHTS OF SURVIVING SPOUSE
[R.C. 2106.02]

To: _____
Surviving Spouse
Address

City, State, Zip Code

This is a summary of your general rights as surviving spouse under Chapter 2106 of the Revised Code. Many of these rights have specific time limits in which they must be exercised. If you have questions concerning your rights, you should discuss them with an attorney of your choice. The Court cannot advise you.

1. Election to Take Under or Against the Will (R.C. 2106.01 - 2106.08)

If you elect to take against the Will, you are entitled to one-half of the decedent's net estate, unless there are two or more of the decedent's children or their lineal descendants surviving, in which case you are entitled to one-third of the decedent's net estate. You will not be entitled to receive any assets given to you under the Will.

If you elect to take under the Will, you will receive those assets given to you under the Will.

Whichever choice you make, (unless you elect to take under the Will and the Will specifically precludes you from exercising these rights), you will not be barred from your rights to purchase certain assets at the appraised value, to remain in the mansion house (the residence) for one year, to receive an allowance for support, to receive not more than two automobiles and one watercraft and one outboard motor owned by the decedent, and to such other rights as a surviving spouse may be entitled under law.

Although your election may not affect certain non-probate property, such as joint and survivorship, payable on death, and transfer on death property, it may have an effect on other types of non-probate property, including property held in trust.

Before making your election, you are entitled to file a complaint in this Court asking that the Will be construed.

If you elect to take under the Will, you may do so in writing if you wish, but you may also do so by taking no action.

If you elect to take against the Will, you must do so in person before the Probate Judge or a Magistrate. This election must be exercised within five months from the date of the initial appointment of the administrator or executor of the estate or it is forfeited.

2. Right to Receive Mansion House (R.C. 2106.10)

Depending upon the value of the real estate, you may have the right to receive the mansion house (the residence) as part of your inheritance.

3. Right to Place Charge on Real Estate (R.C. 2106.11)

If there is no Will and there are insufficient assets to pay the specific monetary share due to the surviving spouse pursuant to R.C. 2106.05, you have the right to place a charge (lien) on any real property included in the probate estate in the amount of the unpaid portion of the specific monetary share.

CASE NO. _____

4. Allowance for Support (R.C. 2106.13)

You may be entitled to an allowance for support. For deaths occurring after March 18, 1999, the amount is \$40,000 of probate assets. If there are one or more minor children of the decedent, not the children of the surviving spouse, this Court will apportion the allowance among those children and the surviving spouse.

5. Right to Remain in the Mansion House (R.C. 2106.15)

You have the right to remain in the mansion house (the residence), if it is a probate asset, for a period of one year from the date of death without the payment of rent to the estate. If the mansion house is sold to pay debts during this period of time, you may be entitled to the fair rental value of the mansion house. This election must be exercised within five months from the initial appointment of the administrator or executor or the right is forfeited.

6. Right to Purchase Property (R.C. 2106.16)

You have the right to purchase assets of the probate estate at the appraised values. The application or petition to purchase the assets must be filed within one month of the approval of the inventory or the right is forfeited.

7. Right to Automobiles (R.C. 2106.18)

You may be entitled to receive up to two automobiles, not specifically bequeathed, that would otherwise be included in the probate estate and do not exceed an aggregate value of \$40,000. This right may affect the amount you may receive under the allowance for support. This right must be exercised within five months from the initial appointment of the administrator or executor or the right is forfeited.

8. Right to Watercraft and Outboard Motor (R.C. 2106.19)

You may be entitled to receive one watercraft and one outboard motor, not specifically bequeathed, that would otherwise be included in the probate estate. This right must be exercised within five months from the initial appointment of the administrator or executor or the right is forfeited.

9. Right to Reimbursement of Funeral Bill (R.C. 2106.20)

You may be entitled to be reimbursed for the payment of the funeral bill.

10. Right to Challenge Antenuptial or Separation Agreement (R.C. 2106.22)

You are entitled to file an action to contest the validity of an antenuptial or separation agreement. This action must be filed within four months after the appointment of the executor or administrator or the right is forfeited.

This is a summary of your general rights. There may be additional rights to which you are entitled.

Ohio Revised Code § 2106.25 states:

Unless otherwise specified by a provision of the Revised Code or this section, a surviving spouse shall exercise all rights under Chapter 2106. of the Revised Code within five months of the initial appointment of an executor or administrator of the estate. It is conclusively presumed that a surviving spouse has waived any right not exercised within that five-month period or within any longer period of time allowed by the court pursuant to this section. Upon the filing of a motion to extend the time for exercising a right under Chapter 2106. of the Revised Code and for good cause shown, the court may allow further time for exercising the right that is the subject of the motion.

PROBATE COURT OF _____ COUNTY, OHIO

ESTATE OF: _____

CASE NO. _____

**CERTIFICATE OF SERVICE AND NOTICE OF CITATION TO
SURVIVING SPOUSE TO EXERCISE ELECTIVE RIGHTS**
[R.C. 2106.02]

This is to certify that a Citation to Surviving Spouse to Exercise Elective Rights and a Summary of General Rights of Surviving Spouse were mailed to the surviving spouse by certified mail, and a copy of this Certificate mailed to the administrator, executor, or the attorney for the administrator or executor, by ordinary mail, on this _____ day of _____, _____.

Probate Judge

By: _____
Deputy Clerk

PROBATE COURT OF _____ COUNTY, OHIO

ESTATE OF: _____

CASE NO. _____

**RETURN FOR CERTIFICATE OF SERVICE OF CITATION TO
SURVIVING SPOUSE TO EXERCISE ELECTIVE RIGHTS**
[R.C. 2106.02]

ATTACH

RETURN

RECEIPT

HERE

PROBATE COURT OF _____ COUNTY, OHIO

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 I have received 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

City, State, Zip

Telephone Number (including area code)

Attorney Registration No. _____

**PROBATE COURT OF PIKE COUNTY, OHIO
ROBERT N. ROSENBERGER, JUDGE**

ESTATE OF _____, DECEASED

Case No. _____

APPLICATION FOR TRANSFER OF MOTOR VEHICLE

The undersigned, qualified fiduciary of the above estate, represents he has in his possession the following described motor vehicle, belonging to said estate:

Year _____ Body Type _____ Model _____ Make _____

Mfrs. Serial No. _____ Cert. of Title No. _____

Applicant states that the following person is entitled to such motor vehicle: ___ by virtue of the will
___ by the statute of descent and distribution ___ by family allowance ___ by purchase \$ _____

Applicant requests that the above mentioned motor vehicle be transferred to:

Name

Address

Applicant

ENTRY FOR TRANSFER OF MOTOR VEHICLE

The Court finds that all of the statements in the above application are true and that the above transferee is entitled to such motor vehicle.

It is therefore ordered that said fiduciary transfer said motor vehicle as prayed for.

ROBERT N. ROSENBERGER
Probate Judge

PROBATE COURT OF _____ COUNTY, OHIO
_____. JUDGE

ESTATE OF _____ DECEASED

CASE NO. _____

APPLICATION FOR CERTIFICATE OF TRANSFER
[R.C. 2113.61]

Applicant states that decedent died on _____.

Decedent's domicile at death was _____
Street Address

City or Village, or Township if unincorporated area County

Post Office State Zip Code

Decedent died owning the real property described in the accompanying Certificate of Transfer No. _____, which also lists those persons to whom the real property passed. Applicant asks the Court to issue a Certificate of Transfer so that new ownership interests may be recorded.

[Check the applicable boxes]

- Decedent died intestate.
- Decedent died testate on _____; will admitted to probate on _____.
- Decedent's known debts have been paid or secured to be paid.
- Sufficient other assets are in hand to pay decedent's known debts.
- Estate is insolvent and the transfer shall apply toward the allowance for support.
- Applicant was appointed by this Court on _____ and is the qualified and acting executor or administrator of decedent's estate.
- Executor or administrator of decedent's estate failed to file this application before being discharged.
- Applicant is the executor or administrator appointed in another state. There is and has been no ancillary administration in Ohio. The real property to be transferred is located in this county.
- The transfer is subject to a written contract for the sale and conveyance of the real property, entered into but uncompleted by decedent before death. A copy of the contract is attached.
- There has been no administration and none is contemplated [R.C. 2113.61(D)].
- The transfer is pursuant to decedent's Will.
- The transfer is pursuant to the statutes of descent and distribution.
- The transfer is pursuant to summary release from administration [R.C. 2113.031(D)(3)].
- The real property to be transferred is subject to a charge in favor of the surviving spouse in the amount of \$_____ as computed pursuant to R.C. 2106.11 on attached Exhibit A, and as shown on the accompanying Certificate of Transfer, in respect of the unpaid balance of the specific monetary share which is part of the surviving spouse's total intestate share.

CASE NO. _____

- Spousal elections have been exercised.
- Disclaimers or assignments have been filed.
- The transfer is of decedent's entire interest in the mansion house to the surviving spouse, who hereby elects to take such interest as part or all of the intestate share and/or allowance for support. **[If this paragraph is checked, the following must be completed, and both the surviving spouse and applicant must sign this form].**

The value of the total intestate share to which decedent's surviving spouse is entitled is \$ _____

The value of the allowance for support to which decedent's surviving spouse is entitled is \$ _____

The value of decedent's entire interest in the mansion house is:

Interest in mansion house \$ _____

Interest in household goods in house \$ _____

Interest in lots or farm land adjacent to house and used in conjunction with it, which are described in Certificate of Transfer and which spouse hereby elects to include \$ _____

Less: Decedent's share of liens on any and all of above \$ _____

Total \$ _____ \$ _____

Surviving Spouse

Applicant

Title or status

ENTRY ISSUING CERTIFICATE OF TRANSFER

The Court finding that the above application contains the information required by statute orders that Certificate of Transfer No. _____ be filed with this Entry and a copy of the Certificate of Transfer be issued for recording.

[Check if applicable] The Court further finds that the transfer is subject to a charge pursuant to R. C. 2106.11.

Date

Probate Judge

CASE NO. _____

The legal description of decedent's interest in the real property subject to this certificate is: **[use extra sheets, if necessary]**.

Prior Instrument Reference:

Parcel No:

This instrument was prepared by _____

ISSUANCE

This Certificate of Transfer is issued this _____ day of _____, 20_____.

Probate Judge

AUTHENTICATION

I certify that this document is a true copy of the original Certificate of Transfer No. _____ issued on _____ and kept by me as custodian of the official records of this Court.

Date

Probate Judge

By _____
Deputy Clerk

PROBATE COURT OF _____ COUNTY, OHIO

ESTATE OF _____, DECEASED

CASE NO. _____

FIDUCIARY'S ACCOUNT

[R.C. 2109.30, 2109.301 and 2109.32]

[Executors and Administrators]

The fiduciary offers the account given below and on the attached itemized statement of receipts and disbursements. The fiduciary states that the account is correct, and asks that it be approved and settled.

[Check one of the following]

- checkbox This is a partial account. A statement of the assets remaining in the fiduciary's hands is attached.
checkbox This is a final account. A statement of the assets remaining in the fiduciary's hands for distribution to the beneficiaries is attached.
checkbox This is an account of distribution, and fiduciary asks to be discharged upon its approval and settlement.
checkbox This is a final and distributive account, and the fiduciary asks to be discharged upon its approval and settlement.
checkbox This is a supplemental final account.

[Complete if this is a partial account, or if one or more accounts have previously been filed in the estate] The period of this account is from _____ to _____

[Complete if applicable] Accounts previously filed in the estate, the accounting periods, and the fiduciary and attorney fees paid for each period, are as follows:

Table with 4 columns: Date Filed, Accounting Period, Fiduciary Fees Paid, Attorney Fees Paid. Includes multiple rows for data entry.

Note:
2117.06(K) states: "The distributee may be liable to the estate up to the value of the distribution and may be required to return all or any part of the value of the distribution if a valid claim is subsequently made against the estate within the time permitted under this section."
2109.32(C) states: "The rights of any person with a pecuniary interest in the estate are not barred by approval of an account pursuant to division (A) and (B) of this section. These rights may be barred following a hearing on the account pursuant to section 2109.33 of the Revised Code."

Case No. _____

This account is recapitulated as follows:

RECEIPTS

Personal property not sold \$ _____

Proceeds from sale of personal property _____

Real property not sold _____

Proceeds from sale of real property _____

Income _____

Other receipts _____

Total receipts \$ _____

DISBURSEMENTS

Fiduciary fees this accounting period \$ _____

Attorney fees this accounting period _____

Other administration costs and expenses _____

Debts and claims against estate _____

Ohio and federal estate taxes _____

Personal property distributed in kind _____

Real property transferred _____

Other distributions to beneficiaries _____

Other disbursements _____

Total disbursements \$ _____

BALANCE REMAINING IN FIDUCIARY'S HANDS \$ _____

Attorney

Fiduciary

Attorney Registration No. _____

Date _____

ENTRY SETTING HEARING

The Court sets _____ at _____ o'clock _____ M., as the date and time for hearing the above account.

Date _____

Probate Judge _____

PROBATE COURT OF _____ COUNTY, OHIO

TRUST OF
GUARDIANSHIP OF
ESTATE OF _____

CASE NO. _____

ENTRY APPROVING AND SETTLING ACCOUNT
[R.C. 2109.32]

Upon hearing the account filed _____, the Court finds that:

[Check whichever of the following are applicable]

- The _____ partial account has been lawfully administered;
- The estate has been lawfully administered, except for final distribution to the beneficiaries;
- The estate has been fully and lawfully administered, and the assets have been distributed in accordance with the law or the applicable instruments governing distribution;
- The events have occurred after which the Court may approve and settle a final account;
- The events have occurred after which the Court may approve and settle a supplemental final account.

The account is therefore approved and settled.

[Check whichever of the following are applicable]

The fiduciary shall be discharged without further order of the Court twelve months following the approval of the final and distributive account unless discharged by this entry.

- The fiduciary is discharged herewith;
- The surety bond is terminated herewith.

Date

Probate Judge

PROBATE COURT OF _____ COUNTY, OHIO

ESTATE OF _____, DECEASED

CASE NO. _____

NOTICE OF HEARING ON ACCOUNT

[R.C. 2109.33]

To:

You are hereby notified that a _____ account covering the period from _____ to _____ has been filed, and the hearing will be held on _____ at _____ o'clock ___ M. The Court is located at _____

You are required to examine the account, to inquire into the contents of the account, and into all matters that may come before the Court at the hearing on the account. Any exceptions to the account shall be filed in writing not less than five days prior to the hearing. Absent the filing of written exceptions, the account may be approved without further notice.

Fiduciary/Attorney for Fiduciary

Attorney Registration No. _____

PROBATE COURT OF _____ COUNTY, OHIO

ESTATE OF _____, DECEASED

CASE NO. _____

CERTIFICATE OF TERMINATION

[R.C. 2109.30]

I certify I am the executor or administrator and the sole legatee, devisee or heir.

I further certify:

- (1) all debts and claims presented to the estate have been paid in full or settled finally;
- (2) an estate tax return, if required under Chapter 5731 of the Revised Code, has been filed, and any estate tax due under that chapter has been paid;
- (3) all attorney fees have been [check one] waived by counsel of record, paid to counsel of record in the amount of \$ _____;
- (4) all fiduciary fees have been [check one] waived by the fiduciary; paid to the fiduciary in the amount of \$ _____;
- (5) all assets remaining after completion of the activities described above have been distributed to myself as the sole legatee, devisee or heir.

Attorney for Fiduciary

Fiduciary

Attorney Registration No. _____

ENTRY

Based upon the above certification it is ordered that the fiduciary and surety, if any, are discharged.

Probate Judge

PROBATE COURT OF _____ COUNTY, OHIO

ESTATE OF _____

CASE NO. _____

APPLICATION TO EXTEND ADMINISTRATION

[R.C. 2109.301, Sup. R. 78(B) and (C)]

The undersigned fiduciary applies to extend the administration of the estate beyond six months. The fiduciary states it would be detrimental to the estate and its beneficiaries or heirs to file a final and distributive account or certificate of termination within that time for the following reasons (state with specificity):

Attorney

Fiduciary

Attorney Registration No. _____

ENTRY

Upon consideration of the Application, the Court orders:

- An account or certificate of termination shall be due not later than thirteen months after the appointment of the fiduciary.
- A final and distributive account or certificate of termination is due _____.
- The Application is denied.
- Other: _____

A status letter shall be filed with each partial account or waiver of partial account.

Probate Judge _____

PROBATE COURT OF _____ COUNTY, OHIO

ESTATE OF _____

CASE NO. _____

**CERTIFICATE OF SERVICE OF ACCOUNT
TO HEIRS OR BENEFICIARIES**

[R.C. 2109.32]

This is to certify that a true and accurate copy of the _____ account was
Type of Account

served _____ upon all beneficiaries of the estate except:
Date

The following heir or beneficiary whose address is unknown: _____

The following beneficiary of a specific bequest or devise who has received his or her distribution
and for which a receipt has been filed or exhibited with the Court:

Attorney

Fiduciary

Attorney Registration No. _____

PROBATE COURT OF _____ COUNTY, OHIO

ESTATE OF _____

CASE NO. _____

NOTICE TO EXTEND ADMINISTRATION

[R.C. 2109.301, Sup. R. 78(B) and (C)]

The undersigned fiduciary hereby gives notice to extend the administration beyond six months for the following reason(s):

- An Ohio estate tax return must be filed for the estate.
- A proceeding contesting the validity of the decedent's will pursuant to R.C. 2107.71 has been commenced.
- The surviving spouse has filed an election to take against the will.
- The administrator or executor is a party in a civil action, Case No. _____ in _____ Court.
- The estate is insolvent.

An account or certificate of termination shall be due not later than thirteen months after the appointment of the fiduciary.

Attorney

Fiduciary

Attorney Registration No. _____

**PROBATE COURT OF PIKE COUNTY, OHIO
ROBERT N. ROSENBERGER, JUDGE**

IN THE MATTER OF THE ESTATE OF _____

CASE NO. _____

APPLICATION TO PAY ATTORNEY FEES

Now comes, _____, fiduciary herein and represents to the Court that in the course of the administration of said estate it has been necessary for said fiduciary to employ the services of _____, **ATTORNEY AT LAW**; that said attorney has rendered services beneficial to said estate including the preparation of the final account to be filed herein; and that the reasonable value thereof is the sum of \$_____.

The undersigned further represents to the Court that he/she understands that he/she has a right to object to the attorney fees herein and to request a hearing on this application and that he/she voluntarily waives said right and agrees to the attorney fees as set forth herein.

WHEREFORE, your applicant prays for authority to pay to said attorney at this time out of the estate funds the sum of \$_____ in full compensation for ordinary services rendered herein and to further reimburse said attorney for all sums he/she has, or may, advance on behalf of the estate.

Fiduciary

I hereby state that the attorney fee charged is consistent with Rule 1.5 of the Rules of Professional Conduct and was not determined pursuant to a schedule.

I have not represented to the fiduciary that the fee is pursuant to a schedule.

Attorney for Fiduciary

**PROBATE COURT OF PIKE COUNTY, OHIO
ROBERT N. ROSENBERGER, JUDGE**

IN THE MATTER OF THE ESTATE OF _____

CASE NO. _____

ORDER TO PAY ATTORNEY FEES

This day this cause came on to be heard upon the foregoing application of the fiduciary for authority to pay reasonable compensation to said fiduciary's attorney for ordinary services performed in behalf of the estate; and being submitted to the Court, upon the evidence, and for good cause shown, the Court finds that no further notice of this application or the hearing thereon is necessary; that the facts stated in said application are true; and that the prayer thereof should be granted; and

It is, accordingly, **ORDERED, ADJUDGED,** and **DECREED** that said fiduciary be and he/she hereby is authorized and directed to pay from the funds of said estate to _____, **ATTORNEY AT LAW**, the sum of \$_____ for full compensation for ordinary services herein, and said fiduciary is further authorized and directed to pay to said attorney from the funds of said estate such sums as he/she has, or may, advance on behalf of the estate.

Robert N. Rosenberger, Judge

Approved by:

Attorney Name (Reg. No.)
Attorney for Fiduciary

**PROBATE COURT OF PIKE COUNTY, OHIO
ROBERT N. ROSENBERGER, JUDGE**

ESTATE OF _____, DECEASED

CASE NO. _____

CONSENT TO PAYMENT OF ATTORNEY FEES

(This form is to be used in a decedent's estate when the requested attorney fees affect a residuary beneficiary or other interested parties)

The undersigned, being a person a residuary beneficiary or other interested person in the above captioned estate, hereby consents to the payment of attorney fees in the amount of \$_____ and costs in the amount of \$_____.

In signing this consent, the undersigned hereby acknowledges:

- (1) The receipt of the attorney's fee statement with a description of services rendered to the estate.
- (2) The fee has not been represented as a guideline.
- (3) The Court need not make an independent determination that said services were reasonable, necessary and beneficial to the estate.

IN THE PROBATE COURT OF PIKE COUNTY, OHIO

IN THE MATTER OF THE ESTATE OF:)
)
)
)

CASE NO. _____

Deceased _____

APPLICATION-COMPUTATION OF FIDUCIARY FEES

I. ORDINARY FEES

A. Personal Property and Income (including gross proceeds of real estate sold under authority of will)

Personal Property \$ _____

Income \$ _____

TOTAL..... \$ _____

Fees: 4% of First \$100,000.00 \$ _____

3% of Next \$300,000.00 \$ _____

2% of Balance \$ _____

TOTAL FEES (Personal Property and Income) \$ _____

** B. Transferred Real Estate (Unsold) ****With House not sold****

1% of \$ _____ unsold Real Estate \$ _____

C. Non-Probate Assets (Subject to Ohio Est. Tax except Joint Survivorship Property)

1% of \$ _____ on-Probate Assets \$ _____

D. TOTAL ORDINARY FEES ALLOWABLE \$ _____

E. ORDINARY FEES REQUESTED \$ _____

II. EXTRAORDINARY FEES

Extraordinary Fees Requested (Attach itemized time records and, \$ _____
 Unless waived, a date for hearing should be requested when filling this form.

III. TOTAL FEES TAKEN ON PRIOR ACCOUNTS \$ _____

IV. TOTAL FEES REQUESTED OR ALLOWABLE ON THIS FINAL PARTIAL ACCOUNT \$ _____

I have read, and understand, the above computation of fees, and submit they are necessary and reasonable for the administration of the estate for which I am fiduciary. I, therefore, request the Court's approval of payment of those fees from the assets of the said estate.

 Attorney for Estate,

 Fiduciary,

**PROBATE COURT OF PIKE COUNTY, OHIO
ROBERT N. ROSENBERGER, JUDGE**

IN THE MATTER OF THE ESTATE OF _____

CASE NO. _____

ORDER TO PAY FIDUCIARY FEES

This day this cause came on to be heard upon the foregoing application of the fiduciary for authority to pay reasonable compensation to said fiduciary for his/her ordinary services performed on behalf of said estate; and being submitted to the Court, upon the evidence, the court finds that no further notice of this application or the hearing thereon is necessary; that the facts stated in said application are true; and that the prayer thereof should be granted; and

It is accordingly, ORDERED, ADJUDGED AND DECREED that said fiduciary be and he/she hereby is authorized and directed to pay from the funds of the said estate to _____ the sum of \$ _____, in full compensation for ordinary services herein.

JUDGE ROBERT N. ROSENBERGER