







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. \_\_\_\_\_

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 successors, heirs, executors, and administrators, jointly and severally.

The principal has accepted in writing the duties of fiduciary in decedent's estate, 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 estate assets or improperly converts them to his own 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

\_\_\_\_\_  
Surety

by \_\_\_\_\_  
Attorney in Fact

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

\$ \_\_\_\_\_

\$ \_\_\_\_\_





PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO

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

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

NOTICE AND CITATION OF HEARING ON APPOINTMENT OF FIDUCIARY

[R.C. 2113.06 and 2113.07]

To the following persons:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_

\_\_\_\_\_ has filed an application in this Court, asking to be appointed to administer decedent's estate.

The hearing on the application will be held \_\_\_\_\_ at \_\_\_\_\_ o'clock \_\_\_\_\_ M. in this Court.

The Court is located at \_\_\_\_\_

\_\_\_\_\_

You are one of the persons entitled to administer decedent's estate, and if you wish to be considered for appointment to do so you must apply to this Court. If you do not apply, it will be considered that you renounce your right to administer the estate. The Court may appoint any suitable and competent person to administer the estate, giving due weight to relative priority of right to do so. Even if you decline appointment yourself, if you know of any reason why the above applicant is not suitable or competent, you should appear and inform the Court.

\_\_\_\_\_  
Probate Judge/Deputy Clerk

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] – Date of Death After April 5, 2017

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.....\$ \_\_\_\_\_

Automobiles transferred to surviving spouse under R.C. 2106.18

Value(s): \$ \_\_\_\_\_, \$ \_\_\_\_\_, \$ \_\_\_\_\_, \$ \_\_\_\_\_,
\$ \_\_\_\_\_, \$ \_\_\_\_\_, \$ \_\_\_\_\_, \$ \_\_\_\_\_

Total value [not to exceed \$65,000.00]..... \$ \_\_\_\_\_

[ ] 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 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 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

Print Form









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 PIKE COUNTY, OHIO  
PAUL PRICE, 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.

\_\_\_\_\_  
PAUL PRICE  
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  
PAUL PRICE, 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  
PAUL PRICE, 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.

\_\_\_\_\_  
**Paul Price, Judge**

Approved by:

\_\_\_\_\_  
**Attorney Name** (Reg. No.)  
Attorney for 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  
PAUL PRICE, 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  
PAUL PRICE, 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 PAUL PRICE