







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 TO RELIEVE ESTATE FROM ADMINISTRATION

[R.C. 2113.03]

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 \_\_\_\_\_

[Check one of the following]

- Decedent's will has been admitted to probate in this Court.
To applicant's knowledge, decedent did not leave a will.

[Check one of the following]

- The assets are \$15,000 or less and decedent died on or after January 1, 1976.
The assets are \$25,000 or less and decedent died on or after October 20, 1987.
The assets are \$35,000 or less and decedent died on or after November 9, 1994.
The assets are \$50,000 or less; the surviving spouse is entitled to all of the assets and the decedent died on or after April 16, 1993.
The assets are \$85,000 or less; the surviving spouse is entitled to all of the assets and the decedent died on or after September 14, 1993.
The assets are \$100,000 or less; the surviving spouse is entitled to all of the assets and the decedent died on or after March 18, 1999.

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

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

The undersigned surviving spouse, heirs at law, legatees, devisees, and other persons entitled to notice of the filing of the application to relieve decedent's estate from administration, waive such notice.

_____	_____
_____	_____
_____	_____
_____	_____

### ENTRY SETTING HEARING AND ORDERING NOTICE

The Court sets \_\_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_\_ M., as the date and time for hearing the application to relieve decedent's estate from administration.

**[Check one of the following]**

- All notice is dispensed with as unnecessary.
- Notice by publication to interested parties is dispensed with as unnecessary. Written notice shall be given, as provided by law and the Rules of Civil Procedure, to those persons entitled to notice, who have not waived notice.
- Written notice is dispensed with as unnecessary. Notice by publication shall be given to interested parties as provided by law and the Rules of Civil Procedure.
- Written notice shall be given to those persons entitled to notice, who have not waived notice, and notice by publication shall be given to interested parties, as provided by law and the Rules of Civil Procedure.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Probate Judge

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

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

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

**ASSETS AND LIABILITIES OF ESTATE TO BE RELIEVED FROM ADMINISTRATION**

Following is a summary statement of the character and value of the assets in decedent's estate [Insert a check in the "Appraised" column opposite an item if it was valued by the appraiser. Leave blank if the readily ascertainable value of the item was determined by applicant. Use extra sheets if necessary.]

Automobiles distributed to surviving spouse by affidavit	Value
First automobile selected by surviving spouse under R.C. 2106.18 [Omit value when computing total assets] ----- Appraised value \$	XXXX
Second automobile selected by surviving spouse under R.C. 2106.18 [Omit value when computing total assets] ----- Appraised value \$	XXXX
Total value [not to exceed \$40,000.00]	\$ XXXX
<b>Character of asset</b>	<b>Appraised</b>
Real Estate, described in accompanying Certificate of Transfer No.	\$

Other assets \$

Total Assets \$

Following is a list of decedent's known debts. [Use extra sheets if necessary]







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

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

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

**NOTICE OF APPLICATION TO RELIEVE ESTATE FROM ADMINISTRATION**

To the following persons:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_

An application has been filed in this Court asking that decedent's estate be relieved from administration, saying that the assets in the estate do not exceed the statutory limits.

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

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

If you know of any reason why the application should not be granted, you should appear and inform the Court.

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

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

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

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

ENTRY RELIEVING ESTATE FROM ADMINISTRATION

[R.C. 2113.03]

Upon hearing the application to relieve decedent's estate from administration, the Court finds that:

Decedent died [check one of the following] -  testate -  intestate. The date of death and domicile are as stated in the application, and the Court has jurisdiction over the estate;

Notice to the surviving spouse, heirs at law, legatees, devisees, and other persons was duly effected or dispensed with by the Court as unnecessary;

The values of the several assets in the estate, given in the application do not exceed the statutory limits.

The Court therefore relieves the estate from administration, and orders [check and complete whichever of the following are applicable]:

That the following personal property be sold [describe]:

\_\_\_\_\_  
\_\_\_\_\_

That the following debts of decedent shall be paid to the extent of assets:

\_\_\_\_\_  
\_\_\_\_\_

That the statutory family allowance be paid to the  surviving spouse -  minor children of the decedent -  apportioned between the surviving spouse and minor children of the decedent who are not the children of the surviving spouse. Attach Form 7.2A if necessary.

That Certificate of Transfer No. \_\_\_\_\_, attached to the application and describing decedent's real estate, issue and be preserved in the records of the Court and that authenticated copies of the certificate be delivered as required to the persons entitled to them;

That the financial institutions holding accounts in decedent's name as set forth below pay the same upon proper tax release [check one of the following] -  to the commissioner -  to

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





PROBATE COURT OF \_\_\_\_\_ 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.

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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  
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