

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

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

CASE NO: \_\_\_\_\_ DATE OF DEATH: \_\_\_\_\_

**NOTICE TO COURT OF DECEDENT’S MEDICAID STATUS**

The undersigned hereby certifies to the Court the following:  
(Mark all applicable choices)

- The decedent WAS NOT over the age of 55 years.
- The decedent WAS over the age of 55 years.
- The decedent WAS NOT a permanently institutionalized individual.
- The decedent WAS a permanently institutionalized individual.
- The decedent WAS NOT a Medicaid recipient at any time during his/her life.
- The decedent WAS a Medicaid recipient at any time during his/her life.
- Notice of the fact that the decedent was 55 years of age or older, OR a permanently institutionalized individual, AND was a Medicaid recipient during his/her lifetime was provided to the Administrator of the Ohio Medicaid Estate Recovery Program.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature and Title of Applicant

STATE OF OHIO                                        }  
COUNTY OF \_\_\_\_\_                            }        ss

Sworn to by \_\_\_\_\_, as to the Medicaid status of the deceased, before me, a notary public, in and for said County and State, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

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

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

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

SURVIVING SPOUSE, CHILDREN, NEXT OF KIN, LEGATEES AND DEVISEES [R.C. 2105.06, 2106.13 and 2107.19]

[Use with those applications or filings requiring some or all of the information in this form, for notice or other purposes. Update as required.]

The following are decedent's known surviving spouse, children, and the lineal descendants of deceased children. If none, the following are decedent's next of kin who are or would be entitled to inherit under the statutes of descent and distribution.

Table with 4 columns: Name, Residence Address, Relationship to Decedent, Birthdate of Minor. Includes a pre-filled row for 'Surviving Spouse' and several empty rows for other entries.

[Check whichever of the following is applicable]

- Five checkbox options regarding the surviving spouse's relationship to the decedent's children and the presence of minor children.

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

The following are the vested beneficiaries named in the decedent's will:

Name	Residence Address	Birthdate of minor

**[Check whichever of the following is applicable]**

- The will contains a charitable trust or a bequest or devise to a charitable trust, subject to R.C. 109.23 to 109.41.
- The will is not subject to R.C. 109.23 to 109.41 relating to charitable trusts.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant (or give other title)

\_\_\_\_\_

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

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

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

ENTRY GRANTING SUMMARY RELEASE FROM ADMINISTRATION

[R.C. 2113.031]

The Court finds that the application by \_\_\_\_\_, satisfies all requirements of R.C. 2113.031 and therefore summarily releases the estate from administration and directs:

- The delivery to the applicant of decedent's personal property set forth in the application with the title to that property.
That Certificate(s) of Transfer, attached to the application, be issued.

A certified copy of this order together with a certified copy of the application for this order constitutes sufficient authority for a financial institution, corporation or other entity or person referred to in division (A) to (F) of Section 5731.39 of the Revised Code or for a clerk of a Court of Common Pleas to transfer title to the applicant of an asset of the decedent's estate listed in the application.

This order eliminates the need for a financial institution, corporation, or other entity or person to be provided a written consent of the tax commissioner prior to the delivery, transfer, or payment to the applicant of an asset of the decedent's estate listed in the application.

This order eliminates the duty of all persons to file an Ohio Estate Tax Return exclusively for the assets listed in the application.

Date

PROBATE JUDGE

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

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

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

**APPLICATION FOR SUMMARY RELEASE FROM ADMINISTRATION**  
**[R.C. 2113.031]**

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]

- The applicant is decedent's surviving spouse entitled to one hundred percent of the allowance for support and decedent's funeral and burial expenses have been prepaid or the surviving spouse has paid or is obligated in writing to pay decedent's funeral and burial expenses and the value of the assets does not exceed the \$40,000 allowance for support under R.C. 2106.13(B) plus an amount not exceeding \$5,000 for decedent's funeral and burial expenses.
- The applicant, who is not the surviving spouse, has paid or is obligated in writing to pay decedent's funeral and burial expenses and the value of the assets is the lesser of \$5,000 or the amount of decedent's funeral and burial expenses.

Attached hereto is a receipt, contract or other document that confirms the applicant's payment or obligation to pay decedent's funeral and burial expenses or if the applicant is the surviving spouse, the prepayment receipt, if applicable.

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

Applicant states that there are no pending proceedings for the administration of decedent's estate or relief of decedent's estate from administration under R.C. 2113.03.

All known assets with date of death values of the estate are as follows:

- Motor Vehicles (include year, make, model, body type, manufacturer's vehicle identification number and Certificate of Title number)  
\_\_\_\_\_  
\$  
\_\_\_\_\_

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

Accounts maintained by a Financial Institution (include financial institution name and the account's complete identifying number):

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

Stocks and Bonds (include for each stock or bond its serial number, the name of its issuer, the name and address of its transfer agent, and the total number of shares of stocks or bonds):

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

Real estate described in accompanying Form 12.0 Application for Certificate of Transfer and Form 12.1 Certificate of Transfer and date of death value. **[Attach verification of value.]**

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

Other assets and date of death values

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

Total Assets \$ \_\_\_\_\_

Applicant requests an order granting summary release.

\_\_\_\_\_  
Attorney for Applicant

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Applicant's Typed or Printed Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Phone Number (include area code)

\_\_\_\_\_  
Phone Number (include area code)

Attorney Registration No. \_\_\_\_\_

Signed and acknowledged by the applicant in my presence this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NotaryPublic/DeputyClerk

**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

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

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

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

CERTIFICATE OF TRANSFER

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

[Check one of the following]

Decedent died intestate.

Decedent died testate.

Decedent died on \_\_\_\_\_ owning the real property described in this certificate. The persons to whom such real property passed by devise, descent or election are as follows:

Name	Residence Address	Transferee's share of decedent's interest

[Complete if applicable] The real property described in this certificate is subject to a charge of \$\_\_\_\_\_ in favor of decedent's surviving spouse, \_\_\_\_\_ in respect of the unpaid balance of the specific monetary share which is part of the surviving spouse's total intestate share.

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