

**PROBATE COURT OF CLERMONT COUNTY, OHIO  
JAMES A. SHRIVER, JUDGE**

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

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

**CLASSIFICATION FORM FOR ESTATES**

**[Check one of the following: A., B., C., or D]**

- A.  This estate requires full administration. The following special instructions are given to the Court **[Check if applicable: 1. and/or 2.]**
1.  A citation to the surviving spouse shall be required in this estate.
2.  Pursuant to R.C. 2109.301(B), the estate is not required to file a partial account or a final account. A Certificate of Termination shall be filed herein.
- B.  This estate is being opened to pursue a claim for wrongful death or survival action as a result of personal injury, and there are no assets to administer.
- C.  There are probate assets to administer, and this estate will remain open to pursue a claim for wrongful death or survival action as a result of personal injury.
- D.  This estate is being opened solely for the purpose of filing or continuing a cause of action in favor of or against the decedent's estate.

**NOTICE TO EXTEND ADMINISTRATION  
[R.C. 2109.301, Sup. R 78(B) and (C)]**

The undersigned 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 \_\_\_\_\_
- The estate is insolvent.

An account or certificate of termination shall be due no later than thirteen months after the appointment of the fiduciary.

**CERTIFICATION**

**THE UNDERSIGNED HAS PERSONALLY EXAMINED THE INDEX OF WILLS DEPOSITED PURSUANT TO R.C. 2107.08 AND CERTIFIES THAT ALL WILLS ON DEPOSIT, REGARDLESS OF THE DATE OF EXECUTION, HAVE BEEN ADMITTED TO PROBATE OR FILED FOR RECORD PURPOSES ONLY. [Sup. Rule 59(A)]**

- \_\_\_\_\_  
 Attorney for the Estate  
 Fiduciary for the Estate

**PROBATE COURT OF CLERMONT COUNTY, OHIO  
JAMES A. SHRIVER, JUDGE**

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

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

**APPLICATION FOR AUTHORITY TO ADMINISTER ESTATE**

**[R.C. 2109.02 and 2109.07]**

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

Applicant states that decedent died on \_\_\_\_\_

Decedent's domicile was \_\_\_\_\_

Street Address

City or Village, or Township if unincorporated area

County

Post Office

State

Zip Code

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

Attached is a list of the surviving spouse, children, next of kin, 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 of, 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

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

\_\_\_\_\_  
Address

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

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

\_\_\_\_\_  
Applicant

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

\_\_\_\_\_  
Address

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

**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.

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

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





**PROBATE COURT OF CLERMONT COUNTY, OHIO  
JAMES A. SHRIVER, JUDGE**

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

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

**FIDUCIARY'S ACCEPTANCE  
(EXECUTOR/ADMINISTRATOR)**

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) Give notice of the admission of the will to probate to all heirs and beneficiaries within 2 weeks and file a certificate of notice of probate of will within 2 months.
- 2) Make and file any inventory of the real and personal assets of the estate within 3 months after 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. Estate checking accounts must provide canceled checks, as these canceled checks may be required to prove the accounts.
- 4) Keep estate funds in separate estate accounts at all times during the administration of the estate.
- 5) Invest all funds, in a lawful manner.
- 6) Make and file the final and distributive account within 6 months following my appointment, or such time thereafter as extended by the Court.
- 7) File all tax documents as required by law.
- 8) Maintain adequate insurance to reasonably protect any property that I may hold as a fiduciary.
- 9) Obey all Orders of the Court.

I acknowledge that I am subject to removal as such fiduciary if I fail to perform such duties. I further acknowledge that I am subject to possible civil and criminal penalties for improper conversion of the property that I hold as a fiduciary.

**NOTICE:** Attorney fees shall not be paid until the final account is prepared for filing unless otherwise approved by the Court.

Every fiduciary, before entering upon the execution of a trust, shall receive letters of appointment from a probate court having jurisdiction of the subject matter of the trust. [R.C. 2109.02].

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Executor/Administrator)

**PROBATE COURT OF CLERMONT COUNTY, OHIO  
JAMES A. SHRIVER, JUDGE**

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

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

**WAIVER OF RIGHT TO ADMINISTER**

Application of \_\_\_\_\_ for  
appointment to administer decedent's estate.

The undersigned, being persons entitled to administer decedent's estate, and whose priority of right to do so is equal or superior to that of the applicant, hereby waive appointment to administer the estate.


**PROBATE COURT OF CLERMONT COUNTY, OHIO  
JAMES A. SHRIVER, JUDGE**

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

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

**ENTRY SETTING HEARING ON APPLICATION TO  
ADMINISTER ESTATE**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
James A. Shriver, Probate Judge

**PROBATE COURT OF CLERMONT COUNTY, OHIO  
JAMES A. SHRIVER, JUDGE**

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

\_\_\_\_\_ 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 2379 Clermont Center Drive, Batavia, Ohio 45103.

You are one of the persons entitled to administer decedents 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.

\_\_\_\_\_  
James A. Shriver, Probate Judge/Attorney

**PROBATE COURT OF CLERMONT COUNTY, OHIO  
JAMES A. SHRIVER, JUDGE**

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

\_\_\_\_\_ James A. Shriver, 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.

[Seal]

\_\_\_\_\_ James A. Shriver, Probate Judge

by: \_\_\_\_\_  
Clerk

\_\_\_\_\_ Date

**PROBATE COURT OF CLERMONT COUNTY, OHIO  
JAMES A. SHRIVER, JUDGE**

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

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

**APPOINTMENT OF APPRAISER**

The fiduciary 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 his services as part of the  
expenses of administering the estate.

\_\_\_\_\_  
Fiduciary (or Applicant)

**CERTIFICATION**

The fiduciary hereby certifies that the appraiser appointed above is qualified in accordance with  
the Local Rules of Court.

\_\_\_\_\_  
Fiduciary (or Applicant)

**ENTRY APPROVING APPRAISER**

The appointment of appraiser in the above application is hereby approved.

\_\_\_\_\_  
Date

\_\_\_\_\_  
James A. Shriver, Probate Judge

**PROBATE COURT OF CLERMONT COUNTY, OHIO  
JAMES A. SHRIVER, JUDGE**

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 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.

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





**PROBATE COURT OF CLERMONT COUNTY, OHIO**

**JAMES A. SHRIVER, JUDGE**

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

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

**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, acknowledge receipt of a copy of the schedule of assets and consent to the approval of the inventory.

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

**PROBATE COURT OF CLERMONT COUNTY, OHIO  
JAMES A. SHRIVER, JUDGE**

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

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

**ENTRY SETTING HEARING ON INVENTORY**

The Court sets \_\_\_\_\_ at \_\_\_\_\_ o'clock \_\_\_\_ M.  
as the date and time for hearing the inventory of decedent's estate. The Court orders that  
notice of the hearing on the inventory be given to all parties entitled to notice.

\_\_\_\_\_  
Date

\_\_\_\_\_  
James A. Shriver, Probate Judge

**PROBATE COURT OF CLERMONT COUNTY, OHIO**

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

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

**ATTORNEY CERTIFICATION**

The undersigned attorney for the fiduciary in this estate certifies that attached notice of hearing on the inventory (Form 6.3 ) along with a copy of the schedule of assets (Form 6.1) have been served by ordinary mail upon all interested parties as defined in Local Rule 61.2. That none of the mailings have been returned as undelivered.

\_\_\_\_\_  
Attorney

**PROBATE COURT OF CLERMONT COUNTY, OHIO**

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

CASE NO: \_\_\_\_\_

**NOTICE OF HEARING ON INVENTORY**

(ORC 2115.16)

To the following persons:

\_\_\_\_\_  
Name Address

\_\_\_\_\_

\_\_\_\_\_  
Name Address

\_\_\_\_\_

\_\_\_\_\_  
Name Address

\_\_\_\_\_

\_\_\_\_\_  
Name Address

\_\_\_\_\_

The inventory of decedent's assets has been filed in this Court.

The hearing on the inventory will be held \_\_\_\_\_, at \_\_\_\_\_ o'clock  
A.M./P.M. in this Court.

The Court is located at 2379 Clermont Center Drive, Batavia, Ohio 45103.

You may file exceptions to the inventory at any time prior to five days before the date set for the hearing.

\_\_\_\_\_  
Judge/Attorney

**PROBATE COURT OF CLERMONT COUNTY, OHIO  
JAMES A. SHRIVER, JUDGE**

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

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

**ENTRY APPROVING INVENTORY**

The Inventory and Appraisal in the within estate having been filed and those persons entitled to notice of the hearing on the inventory of said estate having either waived notice of the same or been given notice of same in accordance with law, the inventory and appraisal is hereby approved.

\_\_\_\_\_  
James A. Shriver, Probate Judge

\_\_\_\_\_  
Attorney

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

**PROBATE COURT OF CLERMONT COUNTY, OHIO  
JAMES A. SHRIVER, 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 Civil Rule 73 on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Medicaid Estate Recovery  
150 E. Gay Street, 21<sup>st</sup> 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 Number. \_\_\_\_\_

**PROBATE COURT OF CLERMONT COUNTY, OHIO  
JAMES A. SHRIVER, JUDGE**

**ESTATE OF:** \_\_\_\_\_, **DECEASED**  
**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 MEDICAID ESTATE RECOVERY  
PROGRAM PURSUANT TO R.C. 5162.21, THIS NOTICE SHALL BE FILLED WITH THE  
ADMINISTRATOR OF THE PROGRAM AT THE FOLLOWING ADDRESS:**

**Medicaid Estate Recovery  
150 E. Gay Street, 21st Floor  
Columbus, Ohio 43215**

**THIS 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 Code

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

**PROBATE COURT OF CLERMONT COUNTY, OHIO**

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

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

**APPLICATION FOR SALE/TRANSFER OF MOTOR VEHICLE**

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

Year \_\_\_\_\_ Body Type \_\_\_\_\_ Model \_\_\_\_\_ Make \_\_\_\_\_

Mfs. Serial No. \_\_\_\_\_ Cert. Of Title No. \_\_\_\_\_

Applicant states that the following person is entitled to such motor vehicle:

- by a specific bequest to legatee named in will or sole beneficiary of estate
- by allowance for support ORC 2106.13 at inventory value
- by in kind distribution for \$ \_\_\_\_\_ with consent of remaining beneficiaries set forth below
- by purchase for \$ \_\_\_\_\_
- pursuant to summary release from administration [R.C. 2113.031(D) (3)]
- other \_\_\_\_\_

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

Necessary Consents:

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

\_\_\_\_\_  
Applicant

**ENTRY AUTHORIZING SALE/TRANSFER OR MOTOR VEHICLE**

The Court finds that the application is well taken and that the above transferee is entitled to such motor vehicle and; **It is therefore ordered** that said fiduciary transfer said motor vehicle as prayed for.

\_\_\_\_\_  
Attorney

\_\_\_\_\_  
Magistrate

\_\_\_\_\_  
Judge

**PROBATE COURT OF CLERMONT COUNTY, OHIO  
JAMES A. SHRIVER, 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 the 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 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.
- 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

**PROBATE COURT OF CLERMONT COUNTY, OHIO  
JAMES A. SHRIVER, JUDGE**

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

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

**ENTRY ISSUING CERTIFICATE OF TRANSFER**

The Court finding that the above application contains 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

\_\_\_\_\_  
James A. Shriver, 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 \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
James A. Shriver, Probate Judge

**AUTHENTICATION**

I certify that the above 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

\_\_\_\_\_  
James A. Shriver, Probate Judge

By: \_\_\_\_\_  
Deputy Clerk

**PROBATE COURT OF CLERMONT COUNTY, OHIO  
JAMES A. SHRIVER, JUDGE**

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

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

**APPLICATION TO APPROVE ATTORNEY FEE**

The undersigned consent to the payment of an attorney fee of \$ \_\_\_\_\_ to \_\_\_\_\_.  
We understand that the following are among the factors considered as guides in determining the reasonableness of the fee and believe that the fee for which approval is requested is reasonable under said factors.

- A) The time and labor required.
- B) The fee customarily charged in the locality for similar legal services.
- C) The amount involved and the results obtained.

The following guide is not a fee schedule but is intended as a guide in estimating the fee customarily charged in this locality for similar services, including expenses incurred for the filing of forms and pleadings.

	<u>ASSET TOTAL</u>	<u>FEE</u>
<b>1) Probate Personal Property (including Gross Sale Price from sale of Real Estate)</b>		
The first \$50,000 at a rate of 5.5% .....	\$ _____ at 5.5%	\$ _____
All above \$50,000 and not exceeding \$100,000 at a rate of 4.5%	\$ _____ at 4.5%	\$ _____
All above \$100,000 and not exceeding \$400,000 at a rate of 3.5%	\$ _____ at 3.5%	\$ _____
All above \$400,000 at a rate of 2%	\$ _____ at 2%	\$ _____
<b>2) Probate Real Estate Not Sold</b>		
A) Passing to the Surviving Spouse at the rate of 1%	\$ _____ at 1%	\$ _____
B) On all other real estate subject to administration		
For the first \$200,000 at the rate of 2%	\$ _____ at 2%	\$ _____
All above \$200,000 at the rate of 1%	\$ _____ at 1%	\$ _____
<b>3) Non-Probate Assets</b>		
All other property included or includable in the gross estate for federal or Ohio estate tax purposes at the rate of 1%	\$ _____ at 1%	\$ _____
<b>TOTAL GUIDELINE FEE</b> .....		<b>\$ _____</b>
<b>FEE FOR WHICH APPROVAL IS REQUESTED</b> .....		<b>\$ _____</b>

\_\_\_\_\_  
Attorney

\_\_\_\_\_  
Fiduciary

\_\_\_\_\_  
Beneficiary

\_\_\_\_\_  
Beneficiary

**ENTRY**

- The fee for which approval is requested is approved pursuant to the Court's Rules.
- Based upon the amount of the fee for which approval is requested, the consents contained in this application and a review of the attorney's time records for services both within and outside the guideline; said fee is approved.
- The application to approve attorney fee is ordered set for hearing. Notice of the hearing shall be sent by the attorney for the fiduciary to all interested parties and their counsel by certified mail.

\_\_\_\_\_  
Judge



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









**PROBATE COURT OF CLERMONT COUNTY, OHIO  
JAMES A. SHRIVER, JUDGE**

**TRUST OF  
GUARDIANSHIP OF  
ESTATE OF \_\_\_\_\_**

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

**WAIVER OF NOTICE OF HEARING ON ACCOUNT**

The undersigned, who are interested in the estate, waive notice of the hearing on the account, and consent to the approval of the account.


**PROBATE COURT OF CLERMONT COUNTY, OHIO  
JAMES A. SHRIVER, JUDGE**

**TRUST OF  
GUARDIANSHIP OF  
ESTATE OF \_\_\_\_\_**

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

**ENTRY SETTING HEARING ON ACCOUNT**

The Court sets \_\_\_\_\_ at \_\_\_\_\_ o'clock a.m. as the date and time for hearing on the current/final account in this matter. The Court orders that notice of the hearing on the account, and a copy of the account, be given to all parties entitled to notice, who do not waive the same, at least fifteen (15) days prior to the date and time set for hearing as set forth in Local Rule 64.1.

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Attorney

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

**PROBATE COURT OF CLERMONT COUNTY, OHIO  
JAMES A. SHRIVER, JUDGE**

IN THE MATTER OF \_\_\_\_\_

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

**AFFIDAVIT IN PROOF OF SERVICE**

STATE OF OHIO, COUNTY OF \_\_\_\_\_, SS.

I hereby certify that a copy of \_\_\_\_\_

has been mailed to \_\_\_\_\_ by:

- certified mail with proof of receipt attached.
- ordinary mail.

\_\_\_\_\_

Sworn to before me and subscribed in my presence this \_\_\_\_ day of \_\_\_\_\_ .

\_\_\_\_\_  
Notary Public

**PROBATE COURT OF CLERMONT COUNTY, OHIO  
JAMES A. SHRIVER, JUDGE**

TRUST OF:  
GUARDIANSHIP OF:  
ESTATE OF: \_\_\_\_\_, DECEASED  
  
CASE NO. \_\_\_\_\_

**NOTICE OF HEARING ON ACCOUNT**

To the following persons:

Name	Address

A \_\_\_\_\_ account in the within case has been filed.

The hearing on the account will be held \_\_\_\_\_ at \_\_\_\_\_ A.M.

The Court is located at 2379 Clermont Center Drive, Batavia, Ohio 45103.

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 must be filed in writing at least five days prior to the date set for the hearing. Absent the filing of written exceptions, the account may be approved without further notice.

\_\_\_\_\_  
Fiduciary/Attorney

**PROBATE COURT OF CLERMONT COUNTY, OHIO  
JAMES A. SHRIVER, JUDGE**

ESTATE OF \_\_\_\_\_  
CASE NO. \_\_\_\_\_

**CERTIFICATION 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 beneficiaries 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 CLERMONT COUNTY, OHIO  
JAMES A. SHRIVER, JUDGE**

**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 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.
- This is a final account of a (deceased) (removed) (resigned) fiduciary. The estate shall remain open.
- This is a final account of the guardianship for the estate only. This matter shall continue as a person only guardianship.
- This is a final account of a beneficiary of a trust. The trust estate shall remain open for other beneficiaries of the trust.

\_\_\_\_\_  
Date

\_\_\_\_\_  
James A. Shriver, Probate Judge

**PROBATE COURT OF CLERMONT COUNTY, OHIO  
JAMES A. SHRIVER, JUDGE**

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 for the administration of probate assets 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.

\_\_\_\_\_  
James A. Shriver, Probate Judge

**PROBATE COURT OF CLERMONT COUNTY, OHIO  
JAMES A. SHRIVER, JUDGE**

ESTATE OF \_\_\_\_\_

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

**APPLICATION TO EXTEND ADMINISTRATION  
[R.C. 2109.301, Sup. R. 78(B) and (C)]**

This is the  initial application  subsequent application to extend administration of the estate.

The undersigned fiduciary applies to extend the administration of the estate. 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 the prescribed 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: \_\_\_\_\_

\_\_\_\_\_  
James A. Shriver, Probate Judge

**PROBATE COURT OF CLERMONT COUNTY, OHIO  
JAMES A. SHRIVER, JUDGE**

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

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

**STATUS REPORT**

Pursuant to the Rules of Superintendence and the Local Rules of Court, the fiduciary states that the estate cannot be closed at this time and hereby submits this written Status Report. **[Check whichever of the following apply]:**

- There is a wrongful death or survival action pending in (specify Court and Case No.)  
\_\_\_\_\_  
Expected Trial Date \_\_\_\_\_
- There is litigation (in favor of/against) the estate pending in (specify Court and Case No.)  
\_\_\_\_\_  
Expected Trial Date \_\_\_\_\_
- The estate is being audited by Internal Revenue Service or Ohio Department of Taxation. Expected Date of Resolution \_\_\_\_\_
- There are insufficient liquid assets in the estate to pay the Ohio Estate Taxes, and the estate has been granted an extension to pay the same. Extension Date \_\_\_\_\_
- The primary asset of the estate is real property which has not been sold or transferred.  
Expected Date of Sale or Transfer \_\_\_\_\_
- Other (please provide specifics) \_\_\_\_\_  
\_\_\_\_\_
- Additional explanation is attached hereto.

\_\_\_\_\_  
Attorney for Estate

\_\_\_\_\_  
Fiduciary

\_\_\_\_\_  
Attorney Registration Number

\_\_\_\_\_  
Date