

**PROBATE COURT OF CLERMONT COUNTY, OHIO  
JAMES A. SHRIVER, 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 \$5,000.00 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 \$5,000.00 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 pre-payment receipt, if applicable.

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

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

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
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 \_\_\_\_\_, 20 \_\_\_\_ .

\_\_\_\_\_  
Notary Public/Deputy Clerk

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

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 the decedent's next of kin who are or would be entitled to inherit under the statutes of descent and distribution.

Name	Residence Address	Relationship to Decedent	Birthdate of Minor
		<b>Surviving Spouse</b>	

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

- The surviving spouse is the natural or adoptive parent of all of the decedent's children.
- The surviving spouse is the natural or adoptive parent of at least one, but not all, of the decedent's children.
- The surviving spouse is not the natural or adoptive parent of any of the decedent's children.
- There are minor children of the decedent who are not the children of the surviving spouse.
- There are minor children of the decedent and no surviving spouse.

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]**

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

\_\_\_\_\_  
Date

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

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

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 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 this application.

\_\_\_\_\_  
Date

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

**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.** \_\_\_\_\_

**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)