

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

**In the Estate of** \_\_\_\_\_

**Case No.** \_\_\_\_\_

**SOLE ASSET: CERTIFICATE OF TRANSFER**

Applicant states that the decedent died \_\_\_\_\_ testate \_\_\_\_\_ intestate on \_\_\_\_\_

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

Street Address

\_\_\_\_\_

City of Village or Township if unincorporated area

County

\_\_\_\_\_

Post office

State

Zip Code

The following documents are attached for filing.

- 1) Original Will, Application to Probate Will, Form 2.0, Waiver of Notice of Probate Will, Form 2.1, and Certificate of Service, Form 2.4 \_\_\_\_\_ Not applicable
- 2) ET 22 if needed (DOD prior to 1/1/2013) \_\_\_\_\_ Not applicable
- 3) Surviving Spouse, Next of Kin, Legatees and Devisees, Form 1.0
- 4) Application for Certificate of Transfer, Form 12.0
- 5) Certificate of Transfer, Form 12.1
- 6) Auditor's Value/Original Appraisal (DOD Value)
- 7) Paid Funeral Bill
- 8) Death Certificate (Copy)

Applicant states that decedent was not a Medicaid recipient, the real estate described in the Certificate of Transfer is the only probate asset, and it has been six months since the date of death.

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

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

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

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

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

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

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

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

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