

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

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 and before October 20, 1987.
- The assets are \$25,000 or less and decedent died on or after October 20, 1987 and before November 9, 1994.
- The assets are \$35,000 or less and decedent died on or after November 9, 1994.
- The assets are \$50,000 or less and the surviving spouse is entitled to all of the assets and the decedent died on or after April 16, 1993 and before September 14, 1993.
- The assets are \$85,000 or less and 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.

CASE 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.

_____	_____
_____	_____
_____	_____
_____	_____

**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
		Surviving Spouse	

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

**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
<b>Total value [not to exceed \$40,000.00]</b>	<b>\$</b>	<b>XXXX</b>

Character of asset	Appraised	Value
Real Estate, described in accompanying Certificate of Transfer No.		\$

Other assets \$

Total Assets \$









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

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

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

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

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.


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

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

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

**ENTRY SETTING HEARING AND ORDERING NOTICE**

The Court sets \_\_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_\_  
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 parties 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

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

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

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 2379 Clermont Center Drive, Batavia, Ohio 45103.

If you know of any reason why the application should not be granted, 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 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 7.2 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 CLERMONT COUNTY, OHIO  
JAMES A. SHRIVER, JUDGE**

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

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

**REPORT OF DISTRIBUTION**

Now comes your duly appointed \_\_\_\_\_ herein and submits the Report in said matter. Distribution of the assets has been made in accordance with the previous order of this Court in the following manner:

DATE OF SALE OR DISTRIBUTION	TO WHOM SOLD OR DISTRIBUTED	DESCRIPTION	PROCEEDS OR VALUE

\_\_\_\_\_  
Commissioner

**JUDGMENT ENTRY**

The within Report of Distribution having been made according to law and the former order of the Court, it is ordered that the Report of Distribution is hereby approved.

\_\_\_\_\_  
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  
30 E. Broad Street, 14th Floor  
Columbus, OH 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  
30 E. Broad Street, 14th Floor  
Columbus, OH 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  
JAMES A. SHRIVER, JUDGE**

ESTATE OF \_\_\_\_\_, Deceased

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

**MEDICAID RECOVERY ACKNOWLEDGMENT**

(ORC Section 2117.06 and Loc.R. 62.1)

As the person responsible for the Estate (Executor, Administrator, Commissioner, or the person who filed for a Release or Summary Release), I acknowledge that it is my duty to ascertain within thirty (30) days whether the decedent was –

- (1) fifty-five (55) years of age or over on the date of death; **and**
- (2) a recipient of medical assistance (Medicaid) benefits under Ohio Revised Code Chapter 5162 (formerly RC Chapter 5111).

I further acknowledge that if the answer to **both** of those determinations is “yes”, then I have a further duty to prepare a Notice of Administrator of Medicaid Estate Recovery Program – Form 7.0(A); mail a copy of it to:

**Administrator Medicaid  
Estate Recovery  
30 E. Broad Street  
14th Floor  
Columbus, OH 43215**

**and** file a Certification of Notice to Administrator of Medicaid Estate Recovery Program (Form 7.0).

At this time, I can say that: (A)  I must mail and file the Notice;  
(B)  I do not have to mail or file the Notice; or (C)  I have not determined whether I must mail and file the Notice.

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Printed) \_\_\_\_\_  
Person Responsible for the Estate

(Required to be filed in every estate without an attorney)