

PROBATE COURT OF GEAUGA COUNTY, OHIO
JUDGE TIMOTHY J. GRENDALL

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.

Name	Residence Address	Relationship to Decedent	Birth date of Minor
_____	_____	Surviving Spouse	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NOTICE - The Clerk will not accept for filing this Form 1.0 if (i) a surviving spouse and at least one lineal descendant or a minor child of decedent is listed above and (ii) one of the following boxes is NOT checked.

[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.

**PROBATE COURT OF GEAUGA COUNTY, OHIO
JUDGE TIMOTHY J. GRENDALL**

ESTATE OF _____, DECEASED

CASE NO. _____

**APPLICATION TO RELEASE MEDICAL RECORDS AND MEDICAL BILLING
RECORDS
[R.C. 2113.032]**

Now comes _____ the _____ of the
(Applicant's Name) (Relationship)

above named decedent who died on _____ and resided at:
_____ whose last four (4) digits of his/her social security number are _____, and hereby requests authority to obtain information regarding decedent's medical records and medical billing records for the purpose of evaluating a potential wrongful death, personal injury, or survivorship action on behalf of the decedent.

Applicant states the following:

- Applicant is an individual who is eligible to be appointed as a personal representative of the above-named decedent's estate under Ohio law; or
- Applicant is named as executor in the above-named decedent's will, and Applicant has filed a copy of decedent's will with this Application.

Applicant has attached Form 1.0 – Surviving Spouse, Children, Next of Kin, Legatees and Devisees.

Applicant acknowledges that an order shall not be issued until ten days following the probate court's transmission of a copy of this application to those persons listed on the Form 1.0 who have not filed a signed Waiver of Notice/Consent.

Signature

Typed or Printed Name

Address

Phone Number

**PROBATE COURT OF GEAUGA COUNTY, OHIO
JUDGE TIMOTHY J. GRENDALL**

ESTATE OF _____, DECEASED

CASE NO. _____

JUDGEMENT ENTRY

MAGISTRATE'S DECISION

**AUTHORIZING RELEASE OF MEDICAL RECORDS AND
MEDICAL BILLING RECORDS**

[R.C. 2113.032]

For good cause shown, all medical providers that provided medical care or treatment to the above-named decedent shall release those medical records and medical billing records to the Applicant for the limited purpose of deciding whether or not to file a wrongful death, personal injury, or survivorship action.

The medical records and medical billing records are confidential and shall not be made available for public viewing, unless otherwise provided for by law or subsequent court order.

Applicant shall file a report with the court certifying that all medical records and medical billing records have been received and shall indicate whether an administration of the decedent's estate will be filed before the expiration of the applicable statute of limitations.

Date

Judge / Magistrate

NOTICE: Pursuant to Civ. R. 53(D)(3)(a), a party may file written objections to the Magistrate's Decision within 14 days of filing of the decision. A party shall not assign as error on appeal the Court's adoption of any factual findings or legal conclusion, whether or not specifically designated as a finding of fact or conclusion of law under Civ. R. (D)(3)(a)(ii), unless the party timely and specifically objects to that factual finding or legal conclusion as required by Civ. R. 53(D)(3)(b).

JUDGMENT ENTRY ADOPTING MAGISTRATE'S DECISION

The Court, upon independent review of the record, finds the Magistrate's Decision to be well taken. The Court has reviewed the Decision for any errors pursuant to Civ. Rule 53 and hereby adopts the Magistrate's Decision as an Order of this Court. The Magistrate's Decision is hereby incorporated into the Entry by reference.

Date: _____

Judge Timothy J. Grendell

**PROBATE COURT OF GEAUGA COUNTY, OHIO
JUDGE TIMOTHY J. GRENDALL**

ESTATE OF _____, DECEASED

CASE NO. _____

**REPORT ON RECEIPT OF MEDICAL RECORDS AND MEDICAL
BILLING RECORDS**

[R.C. 2113.032]

Now comes _____, who was authorized to receive the decedent's medical records and medical billing records, and hereby certifies that all requested medical records and medical billing records have been received.

An application to administer decedent's estate will not be filed.

An application to administer decedent's estate will be filed prior to the expiration of the applicable statute of limitations.

Signature

Typed or Printed Name

Address

Phone Number



PROBATE COURT OF GEAUGA COUNTY, OHIO
JUDGE TIMOTHY J. GREDELL

ESTATE OF _____, DECEASED

CASE NO. _____

**NOTICE OF APPLICATION TO RELEASE MEDICAL RECORDS AND
MEDICAL BILLING RECORDS**

[R.C. 2113.032]

To the following persons:

_____ Name	_____ Address
_____ Name	_____ Address
_____ Name	_____ Address
_____ Name	_____ Address
_____ Name	_____ Address
_____ Name	_____ Address

_____ has filed an application in this Court, seeking the release of the decedent's medical records and medical billing records for use in evaluating a potential wrongful death, personal injury, or survivorship action on behalf of the decedent.

You are one of the above-named decedent's next of kin and are therefore entitled to notice of the pending Application to Release Medical Records and Medical Billing Records. The Court shall issue an order not earlier than ten (10) days of the transmission of this Notice.

The Application to Release Medical Records and Medical Billing Records shall be heard before the Geauga County Probate Court, located at 231 Main Street Ste 200, Chardon, Ohio 44024, on the ____ day of _____, at ____ o'clock ____ M.

**PROBATE COURT OF GEauga COUNTY, OHIO
JUDGE TIMOTHY J. GRENDALL**

ESTATE OF _____, DECEASED

CASE NO. _____

**WAIVER OF NOTICE / CONSENT
[R.C. 2113.032]**

Application of _____ for release of medical records and medical billing records of the above-named decedent.

The undersigned, being the next of kin of the above-named decedent, hereby waive notice and consent to the release of medical records and medical billing records of the above-named decedent.

Signature

Print Name

**PROBATE COURT OF GEAUGA COUNTY, OHIO
JUDGE TIMOTHY J. GRENDALL**

IN RE _____ [] Estate
CASE NO. _____ [] Conservatorship
[] Trust
[] Other _____

**BACKGROUND CERTIFICATION
AND
RECORD CHECK AUTHORIZATION**

(Select one)

- I certify that I have not been convicted of or plead guilty to a felony offense.
- I have been convicted of or plead guilty to a felony offense, which is explained below:
[Provide the court, court number, date of conviction or plea, and description of each offense]:

I *authorize and consent to* the Probate Court of Geauga County, Ohio (“the Court”) obtaining all criminal history and background information pertaining to me and appearing in the files of The Ohio Courts Network. This search is referred to as a “Records Check.” Upon request I will supply the Court with any personal information (e.g. social security number) to facilitate the Records Check.

By signing this document, I *authorize* the release of my criminal history and background information to the Court for a period that is the lesser of (1) a two-year period after the date I file this document with the Court, or (2) the date that my duties as a fiduciary in this matter terminate.

I understand that the Court will file this document and the background information received as a result of a Records Check, in the confidential portion of the Court’s case record for this matter as provided for under Sup. R. 44 and Sup. R. 45, and that this document and such information is not deemed to be a part of the case documents or the case administrative documents pertaining to this file. **This document and such information is not a public record.**

Date: _____

Print Full Name