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.

1.0 SURVIVING SPOUSE, CHILDREN, NEXT OF KIN, LEGATEES AND DEVISEES

[Side 2 of Form 1.0]

CASE NO.

The following are the vested beneficiaries named in the decedent's will:

Name	Residence	Relationship	Birth date
	Address	to Decedent	of Minor
		······	
		·	
		·	

[Check whichever of the following is applicable]

The will contains a charitable trust or a bequest or devise to a charitable trust, subject to R.C. 109.23 TO 109.41.

The will is not subject to R.C. 109.23 to 109.41 relating to charitable trusts.

Date

Applicant (or give other title)

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 the 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 followin not leave a Will - [] Decedent's Will has been admitted administration is attached.		
Attached is a list of the surviving spouse, children, next of k includes those persons entitled to administer the estate.	in, and legatees and devised	es, known to applicant, which list
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 on of the following four paragraphs]

- \square Applicant says that decedent's Will requests that no bond be required, and therefore asks the Court to dispense with bond.
- \square Applicant is a trust company duly qualified in Ohio, and bond is dispensed with by law.

			CASE NO.	
	Applicant is decedent's surviving next of kin entitled to the entire n			
	Applicant offers the attached bond in the amount of \$			
	Applicant accepts the duties of fid by the Court. Applicant acknowle required, and also acknowledges b fiduciary.	edges being subje	ect to removal as fiduciary for fa	
Attorn	ey for Applicant		Applicant	
Туре с	or print name		Type or print name	
Street	Address		Street Address	
City	State	Zip	City	State Zip
Phone Number (include area code)		Phone Number (includ	e area code)	
Attorn	ey Registration No.			
	WA	AIVER OF R	IGHT TO ADMINISTI	ER
			[R.C. 2113.06]	
	dersigned, being persons entitled or to that of the applicant, hereby			ority of right to do so is equal or

Signature

Type Name

[] JUDGMENT ENTRY [] MAGISTRATE'S ORDER - SETTING HEARING AND ORDERING NOTICE

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

Judge / Magistrate

Date

ESTATE OF_____, DECEASED

Case No.

WAIVER OF RIGHT TO ADMINISTER

Revised Code, Sec. 2113.07

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.

Signature

Type Name

4.3 WAIVER OF RIGHT TO ADMINISTER

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
Name		Address
Name		Address
Name		Address
decedent's estate.	_ has filed an applic	ation in this Court, asking to be appointed to administer

The hearing on the application will be held on , 20, at o'clock M. in this Court.

The Court is located at the Geauga County Courthouse Annex, 231 Main St Suite 200, Chardon, Ohio 44024.

You are one of the persons entitled to administer decedent's 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.

Probate Judge/Deputy Clerk

FORM 4.4 - NOTICE AND CITATION OF HEARING ON APPOINTMENT OF FIDUCIARY

CASE NO. _____

IN RE _____ [] Estate [] Guardianship [] Conservatorship [] Trust [] Other _____

AFFIDAVIT EVIDENCING SERVICE OF NOTICE [Civ. R. 73(F)]

Having been duly sworn, the undersigned states that he or she has served notice, in accordance with Civil Rule 73(E), upon all persons required to receive notice as required by applicable law, including the Geauga Local Rules, except to the extent that such persons have waived notice. A copy of that notice is attached.

The evidence of service of notice, as required by Civil Rule 73(F), are attached, and the waivers are attached or have been previously filed.

Fiduciary _____

[Print Name]

Attorney _____
[Print Name

Attorney Registration Number _____

State of Ohio County of Geauga

Sworn to or affirmed and subscribed before me by _____

this date of _____, 20___.

Notary Public

PROBATE COURT OF GEAUGA COUNTY, OHIO JUDGE TIMOTHY J. GRENDELL				
ESTATE OF				, DECEASED
CASE NO				
NOTI	CE OF APF	POINTME [Sup.R. 6	ENT OF ADMINISTRA	TOR
То:				
			ay of	
			, Deceased.	
Print Attorney Name			Print Fiduciary Name	
Street Address			Street Address	
City	State	Zip Code	City	State Zip Code
Phone:			Phone:	
Attorney Reg. No:				

GC PF 4.4A - Notice of Appointment of Administrator

In Re: _____, deceased

Case No. _____

WAIVER OF NOTICE OF APPOINTMENT OF ADMINISTRATOR [Sup.R. 60(B)

The undersigned waive their right to Notice of Appointment of Administrator, which is provided for in Sup.R. 60(B)

Signature

Print Name

GC PF 4.4B – Waiver of Notice of Appointment of Administrator

IN RE _____

CASE NO. _____

[] Estate [] 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, and no felony case is pending.

I have been convicted of or plead guilty to a felony offense, or a felony case is pending, 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

ESTATE OF _____, DECEASED

CASE NO. _____

FIDUCIARY'S ACCEPTANCE (EXECUTOR - ADMINISTRATOR)

____, the undersigned, accept the duties that are required of me by law, and such additional duties specified in the Geauga County Probate Local Rules and as are ordered by the Court. As executor or administrator of the estate I will:

- 1) Give notice of the admission of the will to probate to all heirs and beneficiaries within two weeks and file a certificate of notice of probate of will within two months.
- 2) Make and file any inventory of the real and personal assets of the estate within three months after appointment, or within such time as extended by the Court.
- 3) Within two weeks after appointment, establish an estate checking account within this State and abide by all requirements set forth in Geauga Local Probate Rule 78.5(D)(4), including (a) payment of all creditors, costs, fees, reimbursements, and distributions by check drawn upon that estate checking account, (b) retain all canceled checks, which may be required to prove the accounts, and (c) no withdrawal of cash, by any means, from that estate checking account, absent a court order permitting such action and no use of estate debit or credit cards.
- 4) Invest all funds, in a lawful manner.
- 5) Make and file the final and distributive account within six months following my appointment, or such time thereafter as extended by the Court.
- 6) File all tax documents as required by law.
- 7) Maintain adequate insurance to reasonably protect any property that I may hold as a fiduciary.
- 8) Obey all Orders of the Court.
- 9) Immediately notify the Probate Court if I change my address.

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 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)

GC PF 4.8 – Fiduciary's Acceptance

ESTATE OF ______, DECEASED

CASE NO. _____

FIDUCIARY'S ACKNOWLEDGMENT OF PERSONAL LIABILITY [Local Rule 78.17(G)]

As a condition of the Court dispensing with the requirement of posting bond in this case, I acknowledge that I have read, understand and agree with all of the following statements:

- 1. A bond is similar to insurance, and covers the loss of assets in the estate that may occur because of an act or omission on my part as fiduciary of this estate.
- 2. Dispensing with the requirement that I post bond in this case does not relieve me of my obligation to faithfully fulfill all of the fiduciary duties that the law imposes on me in administering this estate.
- 3. Without bond, I may be personally liable for any damages that any heir, beneficiary, or creditor of this estate incurs because of an act or omission on my part as fiduciary of this estate.
- 4. This means that I may have to satisfy any damages from my own personal financial assets.
- 5. I am fully aware of the consequences of serving as fiduciary without bond, and I voluntarily accept the risk of personal liability for my actions in administering this estate.
- 6. I understand that the Court has the authority to impose a bond requirement at any time during the administration of this estate if the Court later deems bond to be necessary.

Dated:

Fiduciary

Type Name

ESTATE OF _____, DECEASED

CASE NO. _____

MEDICAID RECOVERY ACKNOWLEDGMENT

[R.C. § 2117.061]

As the person responsible for this 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 30 days after filing the initial application of appointment whether the decedent was:

- (1) 55 years of age or over on the date of death; and
- (2) recipient of medical assistance (Medicaid) benefits under R.C Chapter 5162.

I further acknowledge that if the answer to both of those determinations is "yes", then I have a further duty to determine whether I must prepare SC Form 7.0(A) - "Notice of Administrator of Medicaid Estate Recovery Program," and timely mail that notice to the Medicaid Recovery Administrator at:

> Administrator, Medicaid Estate Recovery 30 E. Broad St., 14st Floor Columbus, OH 43215

After mailing that Notice of Administrator of Medicaid Estate Recovery Program, I will promptly file with the Court SC Form 7.0 - "Certification of Notice to Administrator of Medicaid Estate Recovery Program.

Print Full Name

ESTATE OF ______, DECEASED

CASE NO. _____

APPLICATION TO DISPENSE WITH FIDUCIARY'S BOND [Geauga Local Rule 78.17(G)]

The Applicant requests that the Court dispense with the requirement of a fiduciary's bond under R.C. §2109.04 in this case for the following reason (check only one):

- Bond is not required under Geauga Local Rule 78.17(G)(1) because the controlling instrument nominating the Applicant for appointment as Fiduciary expressly dispenses with bond and the Applicant resides in Ohio.
- Bond is not required under Geauga Local Rule 78.17(G)(2) because the estate is solvent and the Applicant has attached to this Application GC PF 4.37 - Consent to Dispense with Fiduciary's Bond signed by all heirs or beneficiaries, and GC PF 4.38 - Fiduciary's Acknowledgement of Personal Liability.
- Bond is not required under Geauga Local Rule 78.17(G)(3) because the total value of personal property, annual income and annual real property rentals is less than \$10,000.00.
- Promptly upon appointment, the Applicant will deposit all of the ward's assets into a restricted account at a financial institution in compliance with R.C. §2109.13. The Applicant will promptly file a written verification of deposit restrictions with the Court SC Form 22.3 - Verification of Receipt and Deposit.
- The following other special circumstances exist that make bond clearly unnecessary and the absence of bond will not prejudice any person or entity having a financial interest in this case. (Geauga Local Rule 78.17(G)(6)):

Attorney

Applicant

Type Name Attorney Registration No. _____ Type Name

Case N	lo.

ENTRY REGARDING FIDUCIARY'S BOND

[Geauga Local Rule 78.17(G)] \square The Court grants the Application and dispenses with the requirement of bond in this case for the following reason: Bond is not required under Geauga Local Rule 78.17(G)(1) because the controlling instrument nominating the Applicant for appointment as Fiduciary expressly dispenses with bond and the Applicant resides in Ohio. Bond is not required under Geauga Local Rule 78.17(G)(2) because the estate is solvent and the Applicant has filed with the Court forms GC PF 4.37 and GC 4.38. \square Bond is not required under Geauga Local Rule 78.17(G)(3) because the total value of personal property, annual income and annual real property rentals is less than \$10,000.00. [] Bond is not required under Geauga Local Rule 78.17(G)(5) because the Applicant has agreed to promptly deposit all assets into a restricted account at a financial institution in compliance with R.C. §2109.13. Once appointed by this Court, the Applicant must promptly file a written verification of deposit restrictions with the Court Form 22.3 - Verification of Receipt and Deposit. Under Geauga Local Rule 78.17(G)(6), the Court finds that special circumstances exist in this case, as described in the Application, which establish that bond is clearly unnecessary and the absence of bond will not prejudice any person or entity having a financial interest in this case. The Court denies the Application, but modifies the requirement of bond. In place of bond, the Court orders that

promptly upon appointment the Applicant must do the following to preserve the assets of the estate:

The Court denies the Application. The Court orders the Applicant to post bond in the amount of \$______

Dated : _____

Judge / Magistrate

ESTATE OF _____, DECEASED

CASE NO. _____

CONSENT TO DISPENSE WITH FIDUCIARY'S BOND

[Local Rule 78.17(G)]

The undersigned, being all of the heirs and beneficiaries of the above estate consent to the Court dispensing with a fiduciary's bond that would otherwise be required under R.C. §2109.04.

Signature

Type Name