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)

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

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

CASE NO.

#### **APPLICATION FOR CERTIFICATE OF TRANSFER** [R.C. 2113.61]

Applicant states that the decedent died on				
Decedent's domicile at death was				
	Street Address			
City or Village, or Township if unincorporated area		County		
Post Office	State	Zip Code		

Decedent died owning the real property described in the accompanying Certificate of Transfer No.\_\_\_\_\_, which also lists those persons to whom the real property passed. Applicant asks the Court to issue a Certificate of Transfer so that new ownership interests may be recorded.

#### [Check the applicable boxes]

- [ ] Decedent died intestate.
- Decedent died testate on ; will admitted to probate on . [ ]
- Decedent's known debts have been paid or secured to be paid. [ ]
- [] Sufficient other assets are in hand to pay decedent's known debts.
- Estate is insolvent and the transfer shall apply toward the allowance for support. [ ]
- Applicant was appointed by this Court on \_\_\_\_\_\_ and is the qualified and acting executor [ ] or administrator of decedent's estate.
- Executor or administrator of decedent's estate failed to file this application before being discharged. [ ]
- [ ] Applicant is the executor or administrator appointed in another state. There is and has been no ancillary administration in Ohio. The real property to be transferred is located in this county.
- [ ] The transfer is subject to a written contract for the sale and conveyance of the real property, entered into but uncompleted by decedent before death. A copy of the contract is attached.
- [ ] There has been no administration and none is contemplated [R.C. 2113.61(D)]
- [ ] The transfer is pursuant to decedent's Will.
- [] The transfer is pursuant to the statutes of descent and distribution.
- [ ] The transfer is pursuant to summary release from administration [R.C. 2113.031(D)(3)]
- The real property to be transferred is subject to a charge in favor of the surviving spouse in the amount of [] \$ as computed pursuant to R.C. 2106.11 on attached Exhibit A, and as shown on the accompanying Certificate of Transfer, in respect of the unpaid balance of the specific monetary share which is part of the surviving spouse's total intestate share.

#### **12.0 - APPLICATION FOR CERTIFICATE OF TRANSFER**

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

- [ ] Spousal elections have been exercised.
- [] Disclaimers or assignments have been filed.

[] The transfer is of decedent's entire interest in the mansion house to the surviving spouse, who hereby elects to take such interest as part or all of the intestate share and/or allowance for support. [If this paragraph is checked, the following must be completed, and both the surviving spouse and the applicant must sign this form].

The value of decedent's entire interest in the mansion house is:

Interes	t in mansion house	\$	-
Interest in household goods in house			-
and use describ	t in lots or farm land adjacent to house ed in conjunction with it, which are bed in Certificate of Transfer and which hereby elects to include	. \$	-
Less:	Decedent's share of liens on any and all of the above	\$	-
	Total	\$	_ \$

Surviving Spouse

Applicant

Print Name

Print Name and Title or status

### [] ENTRY [] MAGISTRATE'S ORDER - ISSUING CERTIFICATE OF TRANSFER

The Court finding that the above application contains the information required by statute orders that Certificate of Transfer No.\_\_\_\_\_\_ be filed with this Entry and a copy of the Certificate of Transfer be issued for recording.

[] [Check if applicable] The Court further finds that the transfer is subject to a charge pursuant to R.C. 2106.11.

Date

Judge / Magistrate

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

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

CASE NO.

### **CERTIFICATE OF TRANSFER**

	NO.	
[Check one of the followi		
[ ] Decedent died inte	state.	
[ ] Decedent died test	ate.	
Decedent died on		owning the real property described in
this certificate. The person	s to whom such real property passed by de	evise, descent or election are as follows:
Name	Residence Address	Transferee's share of decedent's interest
[Complete if applicable]	The real property described in this certific	ate is subject to a charge of \$
		in respect of
the unpaid balance of the s	pecific monetary share which is part of th	e surviving spouse's total intestate share.

CASE NO.

The legal description of decedent's interest in the real property subject to this certificate is: [use extra sheets, if necessary].

Prior Instrument Reference:		
Filor instrument Reference.		
Parcel No:		
This instrument was prepared by		
	ISSUANCE	
This Certificate of Transfer is issued this	_day of	_ 20
	Judge / Magistrate	
AU	THENTICATION	
I certify that this document is a true copy of the	original Certificate of Transfer No	issued on
	_ and kept by me as custodian of the official reco	rds of this Court.

Date

Judge Timothy J. Grendell

By \_\_\_\_\_ Deputy Clerk

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

Case No.

### [] MAGISTRATE'S ORDER ISSUING CERTIFICATE OF TRANSFER [] JUDGMENT ENTRY ISSUING CERTIFICATE OF TRANSFER

[R.C. § 2113.16]

The Court finds that the allegations in the application for certificate of transfer No. \_\_\_\_\_ are true, and that the requirements of law have been fulfilled.

[Check if applicable] [] The Court further finds that the real estate is subject to a charge in favor of the surviving spouse, as shown on such certificate of transfer, in respect of the unpaid balance of the specific monetary share which is part of the surviving spouse's total intestate share.

The Court orders that such certificate of transfer issue and be preserved in the Court records with the application and this entry, and that authenticated copies of the certificate be delivered as required to the persons entitled to them.

Date: \_\_\_\_\_

Judge / Magistrate

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., 14<sup>st</sup> 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.		
APPLICATI	ON TO PROBATE WILL	
[R.C. 2107	.11, 2107.18, and 2107.19]	
Applicant states that the decedent died on		
Decedent's domicile was		
	Street Address	
City or village, or Township if unincorporated		County
Post Office	State	Zip Code
A document purporting to be decedent's last will is atta of this will.	ched and offered for probate, and a	pplicant waives notice of probate
Decedent's surviving spouse, children, next of kin, lega Form 1.0.	atees, and devisees, known to applic	ant, are listed on the attached
Signature - Attorney for Applicant	Signature - Applicant	
Type or print name	Type or print name	
Street Address	Street Address	
City, State, Zip Code	City, State, Zip Code	
Phone Number (include area code)	Phone number (include area	a code)
Attorney Registration No.		
	CE OF PROBATE OF WILL	
The undersigned, being persons entitled to notice of the evidencing these waivers and any notices given, any ac months after the filing of the certificate for estates of de months after the filing of the certificate for estates of de Signature	tion to contest the validity of this w ecedents who die on or after Januar	vill must be filed no more than three y 1, 2002, and no more than four 2002.

2.0 APPLICATION TO PROBATE WILL

CASENO.

### [ ]ENTRY [ ] MAGISTRATE'S ORDER - ADMITTING WILL TO PROBATE

The Court finds that the purported will of decedent, either on its face or from testimony of the witnesses complies with applicable law. It is therefore admitted to probate and ordered recorded. The Court further orders that notice of the probate be given to all parties entitled to notice.

Date

Judge / Magistrate

#### **CERTIFICATE OF WAIVER OF NOTICE**

The undersigned states that all persons entitled to notice:

[Check applicable boxes]

Have waived notice of the application for probate of this will or of a contest as to jurisdiction.

Have waived notice of this will's admission to probate. The waivers are filed herein.

Have not been notified because their names of places of residence are unknown and cannot with reasonable diligence be ascertained.

Fiduciary

- Applicant for the admission of this will to probate
- Applicant for a release from administration
- Other interested person
- Attorney for any of the above

Attorney Registration No. \_

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

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

#### WAIVER OF NOTICE OF PROBATE OF WILL

[R.C. 2107.19(A)(2)]

The undersigned, being persons entitled to notice of the probate of this will, waive such notice. After a certificate is filed evidencing these waivers and any notices given, any action to contest the validity of this will must be filed no more that three months after the filing of the certificate for estates of decedents who die on or after January 1, 2002, and no more that four months after the filing of the certificate for estate of decedents who die before January 1, 2002.

Signature	Print Name	

2.1 WAIVER OF NOTICE OF PROBATE OF WILL

ESTATE OF	, DECEASED
Case No	
NOTICE O	OF PROBATE OF WILL
	[R.C. 2107.19(A)]
То:	
	, that the Decedent's Will
was admitted to probate by this Court located at 231 M, 20	Lain Street, Ste. 200, Chardon, Ohio 44024, on
	ed to inherit from the decedent had the decedent died intestate and to t waive notice. You are receiving this notice as: [check all of the
_	m the decedent had the decedent died intestate.
A legatee or devisee named in the will.	in the decedent had the decedent died intestate.
	n, any action to contest the validity of this will must be filed no more estates of decedents who die on or after January 1, 2002, and no more states of decedents who die before January 1, 2002.
Date Typed or Printed Name	<ul> <li>Fiduciary</li> <li>Applicant for the admission of this will to probate</li> <li>Applicant for a release from administration</li> <li>Other interested person</li> </ul>

 $\Box$  Attorney for any of the above

Attorney Registration No.

Phone Number (include area code)

State

Zip

Street Address

City

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

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

## **CERTIFICATE OF SERVICE OF NOTICE OF PROBATE OF WILL**

[R.C. 2107.19(A)(3)]

The undersigned states that all persons entitled to notice:

### [Check all applicable boxes]

- Have waived notice of the admission of this will to probate. The waivers are filed herein.
- Have received notice of the admission of this will to probate.
- Have been notified of the hearing on the probate of this will or a contest as to jurisdiction.
- Evidence of notification is filed herein.
- Have not been notified because their names or places of residence are unknown and cannot with reasonable diligence be ascertained.

[] Fiduciary

- [] Applicant for the admission to this will to probate
- [] Applicant for a release from administration
- [] Other interested person
- [] Attorney for any of the above

Attorney Registration No.

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

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

DECLINATION [R.C. §2113.12]

Declination by \_\_\_\_\_.

The undersigned, named as Executor, in the last Will of \_\_\_\_\_,

deceased, which Will was admitted to probate by this Court, declines to accept the trust as Executor of that Will.

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

[type full name]

ESTATE OF _	 , DECEASED
CASE NO.	

### WAIVER OF RIGHT TO CONTEST WILL

The undersigned acknowledge that the decedent's will was admitted to probate by this court and that the undersigned has a right to contest the validity of that will under R.C. 2107.71. The unsigned waive(s) the time limit for bringing a will contest action as provided for in R.C. 2107.76 and consent(s) to the estate being settled at this time.