

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.

CASE NO. _____

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

Name	Residence Address	Relationship to Decedent	Birth date 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
JUDGE TIMOTHY J. GREDELL

Estate of _____, Deceased Case No. _____

APPLICATION TO REOPEN ESTATE

Applicant states that the decedent died on _____, the estate was administered as full administration, Relief from Administration, Other _____, in this county, and the probate proceeding was closed on _____.

Applicant requests that the estate be reopened and the applicant be reinstated or appointed as:
 Executor Administrator Commissioner for the following reasons:

1. Applicant is: the prior fiduciary of the estate the sole beneficiary under Will or sole heir at law
 a next of kin an alternate fiduciary named in Will Other _____.

2. The basis for reopening this estate is

Newly Discovered Assets

Wrongful Death or Survival Claim - (Describe claim below [including court, case no., trial date])

Other – (Describe below)

3. There are no claims against the estate

There is one or more claims against the estate, described as follows:

Signature - Attorney for Applicant

Signature - Applicant

Print Name

Print Name

Street Address

Street Address

City, State, Zip Code

City, State, Zip Code

Telephone

Telephone

Attorney Reg. No. _____

JUDGMENT ENTRY MAGISTRATE'S ORDER

Upon Application to Reopen Estate, the court approves that application and orders the estate reopened.

The court further orders

1. The applicant, being the prior Executor or Administrator of this estate, is reinstated as such and Letters of Authority shall be reissued to the applicant.

 The applicant, not being the prior Executor or Administrator of this estate, is appointed as such and Letters of Authority shall be issued to the applicant.

 The applicant, being the prior Commissioner of this estate, is reinstated as such.

 The applicant, not being the prior Commissioner of this estate, is appointed as such.
2. After approval of the Report of Newly Discovered Assets (or inventory if ordered by the Court) the fiduciary shall distribute the newly discovered assets as follows:

 The sum of \$_____ to _____, as a claimant of the estate as noted above

 payment to surviving spouse (or estate) to satisfy spousal rights in the amount of \$_____

 pursuant to decedent's Will

 pursuant to R.C. Chapter 2015 "Descent and Distribution"

 Other
3. No more than 30 days after distribution of the newly discovered assets, the fiduciary shall prepare and file form GC PF 4.51B "Report of Distribution."

Dated: _____

Judge / Magistrate

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

ESTATE OF _____, DECEASED

CASE NO. _____

REPORT OF NEWLY DISCOVERED ASSETS

The applicant states that newly discovered assets have been found since this estate has been closed, which are as follows:

Item	Value
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
7. _____	\$ _____

Type Name of Attorney for Fiduciary

Type Name of Fiduciary

Attorney Registration No. _____

JUDGMENT ENTRY MAGISTRATE'S ORDER

The court finds that this Report of Newly Discovered Assets is in all respects correct, and

IT IS ORDERED that the fiduciary distribute the assets disclosed in this Report of Newly Discovered Assets in the manner previously ordered upon the filing of the Application to Reopen Estate and Appoint Fiduciary, and file a Report of Distribution no later than 30 days after this order.

Dated: _____

Judge / Magistrate

**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

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

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
150 E. Gay St., 21st 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

PROBATE COURT OF GEAUGA COUNTY, OHIO
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ESTATE OF _____, DECEASED

Case No. _____

REPORT OF DISTRIBUTION

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

Date of Distribution	To Whom Distributed	Description	Proceeds or Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Print Name of Fiduciary

JUDGMENT ENTRY MAGISTRATE'S ORDER

The Report of Distribution having been made according to law and the former order of the Court, it is ordered that the report and distribution is approved, the fiduciary is discharged, and the surety bond (if any) is terminated.

Judge / Magistrate