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
			<u> </u>

[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 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

Post Office

[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.
- [] The assets are \$25,000 or less and decedent died on or after October 20, 1987.
- [] The assets are \$35,000 or less and decedent died on or after November 9, 1994.
- [] The assets are \$50,000 or less; the surviving spouse is entitled to all of the assets and the decedent died on or after April 16, 1993.
- [] The assets are \$85,000 or less; 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 know to applicant, are listed on the attached Form 1.0.

Attorney for Applicant			Applicant			
Type 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	le area code)		
Attorney Registration No.						

5.0 – APPLICATION TO RELIEVE ESTATE FROM ADMINSTRATION

State

Zip Code

County

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.

_	
 - ·	

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

The Court sets ______, at _____o'clock _____M., 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 persons 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

Judge / Magistrate

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.]

V	alue
106.18	
	XXXX
2106.18	
praised value \$	XXXX
\$	XXXX
Appraised	Value
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	
	106.18 praised value \$.2106.18 praised value \$ \$ Appraised \$

5.1 ASSETS AND LIABILITIES OF ESTATE TO BE RELIEVED FROM ADMINISTRATION

Following is a list of decedent's known debts. [Use extra sheets if necessary]

Name of Creditor	Nature of Debt	Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Total Debts		\$

CERTIFICATION

The undersigned appraiser agreed to act as appraiser of decedent's estate, and to appraise the property exhibited truly, honestly, impartially, and to the best of the appraiser's knowledge and ability. The appraiser further says that those assets whose values were not readily ascertainable are indicated above by a check in the "Appraised" column opposite each such item, and that such values are correct.

The undersigned applicant determined the value of those assets whose values were readily ascertainable and were not appraised by the appraiser, and that such values are correct, and to applicant's knowledge the above list of decedent's debts is correct.

Date

Appraiser

Applicant

[Print Name]

[Print Name]

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.

Signature

Print Name

E ESTATE FROM ADMINISTRATION
Address
ing that decedent's estate be relieved from not exceed the statutory limits.
-

If you know of any reason why the application should not be granted, you should appear and inform the Court.

Fiduciary

5.3 NOTICE OF APPLICATION TO RELIEVE ESTATE FROM ADMINISTRATION

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

ESTATE OF_____

, DECEASED

Case No._____

[] MAGISTRATE'S DECISION RELIEVING ESTATE FROM ADMINISTRATION [] JUDGMENT 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 7.2A 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 ______

That the remainder of the estate be distributed in cash or in kind, as follows:

Name of Distributee	Property	Value or
	1 J	Amount
		\$
		Ψ

The Court appoints

Commissioner, to receive and sell or distribute the personal property or proceeds thereof, and to execute all necessary documents of conveyance, including without limitation those necessary to transfer title to any motor vehicle, motorcycle, watercraft, or other titled personal property sold or distributed in kind. The commissioner shall complete the duties and report to the Court within sixty days of the date of this entry.

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)(i), 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

NOTICE OF FINAL APPEALABLE ORDER You are hereby notified that this may be a final appealable order.

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

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. _____

DIGITAL ASSET CERTIFICATION

I certify	that (1) I have made a good faith effort to ascertain the Digital Assets owned by	/	
	(the "Decedent") and the value, and (2) th	e following is	true and
correct	to the best of my knowledge:		
[see R	ecedent owns equipment capable of storing "electronic records" .C. 2137.01(J) and (U) – e.g. computer, external hard drive, tablet, cellphone, flash-drive, backup equipment, CD, DVD, etc.]	Yes []	No []
The ag	gregate value of Decedent's Digital Assets is greater than \$5,000	Yes []	No []
The De	ecedent owns or leases the following Digital Assets (as defined by R.C. 2137.01)):	
1.	Photos, Video, Music	Yes []	No []
2.	Computer programs – Microsoft Windows, etc.	Yes []	No []
3.	Gaming Software	Yes []	No []
4.	Cryptocurrency – e.g. Bitcoin, Ethereum, etc.	Yes []	No []
5.	Loyalty Programs – e.g. credit card usage, airline accounts, etc.	Yes []	No []
6.	Domain Names	Yes []	No []
7.	Website Accounts – e.g. Amazon, eBay, Goggle, PayPal, etc.	Yes []	No []
8.	Social Media Accounts – e.g. Facebook, Linkedin, Twitter, YouTube, Instagram, Reddit, Tumbler, etc.	Yes []	No []
9.	Other Digital Assets (see R.C. 2137.01(I)) If so, please explain:	Yes []	No []
benefic benefic	fully informed (i) the surviving spouse, if any, (ii) all adult next of kin or ciaries of this probate estate, and (iii) the guardian of all minor next of kin or ciaries of this probate estate of the description, extent, and value of all Digital known by me to be owned by the decedent at date of death.	Yes []	No []

Date: _____

Print Name

ES	TATE OF	_, DECE	ASED
СА	SE NO		
	TANGIBLE PERSONAL PROPERTY CERTIFICA	TION	
Ιc	ertify that (1) I have made a good faith effort to ascertain the tangible personal property (the "Decedent") at death, and	-	wina is true
an	d correct to the best of my knowledge as of the date of death:	(_)	g .e e e
1.	Decedent owned household goods and clothing that, in the aggregate, have a value in excess of \$5,000.	Yes	No
2.	Decedent owned one or more items of jewelry that individually have a value in excess of \$2,000.	Yes	No
3.	Decedent owned one or more items of artwork that, individually have a value in excess of \$2,000.	Yes	No
4.	Decedent owned one or more collections that, in the aggregate, have a value in excess of \$2,000 - e.g., coins, stamps, baseball cards, etc.	Yes	No
5.	Decedent owned precious metals that, in the aggregate, have a value in excess of \$2,000 – e.g., gold, silver, etc.	Yes	No
6.	Decedent owned business tangible personal property that, in the aggregate, has a value in excess of \$2,000 – e.g., tools, inventory, supplies, computers, etc.	Yes	No
7.	Decedent owned or possessed one or more firearms that are regulated by federal law or applicable state law or any Dangerous ordnance as defined in R.C. Sec. 2923.11(K)).	Yes []	No []
ad mi an	the extent possible, I have fully informed (i) the surviving spouse, if any, (ii) all ult next of kin or beneficiaries of this probate estate, and (iii) the guardian of all nor next of kin or beneficiaries of this probate estate of the description, extent, d value of all tangible personal property known by me to be owned by the cedent at date of death.	Yes	No

Dated :

Print Name

IN THE MATTER OF _____

CASE NO. _____

CONFIDENTIAL DISCLOSURE OF PERSONAL IDENTIFIERS [Rule 45(D) of the Rules of Superintendence for the Courts of Ohio]

Complete Personal Iden	tifier Institution	Abbreviation	Form No.	Filing Date
Ex. 123-45-6789	Social Security	6789	22.3	7/1/2019
Ex. 0001234567	Anytown Bank Checking	g Anytown #1	6.1	7/1/2019
1				
2				
3				
4				
6				
7				
	al pages are attached			
	Sign	ature of Filing Par	ty	
	Print	ed Name		
This is pageof		:		-

ESTATE OF ______, DECEASED

Case No.

REPORT OF DISTRIBUTION

The undersigned submits this Report of Distribution, reporting the distribution of probate property in accordance with the previous order of this Court in the following manner:

Date of Sale or Distribution	To Whom Sold or Distributed	D	escription		Proceeds or Value
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
	Sig	nature _			
	[] JUDGMENT EN		rint Name	ATE'S ORDER	

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

Judge / Magistrate

GC PF 5.9 REPORT OF DISTRIBUTION

ESTATE OF		, DECEASED		
CAS	SE NO			
	APPLICATION FOR ORDER	DISPENSING WITH APPRAISAL		
	applicant requests that an appraisal of the fo opriate boxes)	llowing probate property be dispensed with: (Check		
		eal Property, where value is determined in accordance with Geauga County Probate ocal Rule 78.5(D)(1)(a)(2)(a) and evidence is provided.		
	Vehicles, where value is determined in accordance with Geauga County Probate Local Rule 78.5(D)(1)(a)(2)(b) and evidence is provided.			
	Tangible Personal Property, where value is determined in accordance with Geauga County Probate Local Rule 78.5(D)(1)(a)(2)(c) and the total value is equal to or greater than \$5,000.			
	Digital Assets, where value is determined in accordance with Geauga County Probate Local Rule 78.5(D)(1)(a)(2)(c) and the total value is less than \$5,000.			
	Other:			
Attorney Name		Fiduciary Name		
Street A	Address	Street Address		
City, State, Zip		City, State, Zip		
Telepho	pne	Telephone		
Atty Reg	g. No			

APPLICATION FOR ORDER DISPENSING WITH APPRAISAL

Entry Magistrate's Order - Dispensing with Appraisal
IT IS THE ORDER OF THIS COURT that the fiduciary may file aninventoryrelease from administrationsummary release from administration without an appraisal within 30 days.
IT IS THE ORDER OF THIS COURT that the fiduciary may file an inventory release from administration summary release from administration without an appraisal within 30 days, except as provided below.

Date:

Judge / Magistrate

Case	No.	

CONSENT TO DISPENSING WITH APPRAISEMENT

The undersigned consent to dispensing with the appraisal of probate assets as set forth in the Application for Order Dispensing with Appraisement.

Signature	Print Name
	_
	<u> </u>