ESTA	ATE OF		,	DECEASED
Case	No			
	SU	URVIVING SPOUSE, CHILDREN LEGATEES AND DEVI		
		[R.C. 2105.06, 2106.13 and 21	.07.19]	
		Use with those applications or filings requi ermation in this form, for notice or other purp		
		own surviving spouse, children, and the line kin who are or would be entitled to inherit u		
Name		Residence Address	Relationship to Decedent	Birth date of Minor
		Audress	Surviving	or without
		accept for filing this Form 1.0 if (i) a sur of decedent is listed above and (ii) one		
[Chec	k whichever of the fo	lowing 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 o	ne, but not all, of the decedent's cl	nildren.

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.

[Side 2 of Form 1.0]

	peneficiaries named in the decedent's will:			
Vame	Residence	Relationship	Birth date	
	Address	to Decedent	of Minor	
				
				
				
Check whichever of t	he following is applicable]			
The will contain	ns a charitable trust or a bequest or devise to a char	aritable trust, subject to R.C. 109.2	23 TO 109.41.	
The will is not	subject to R.C. 109.23 to 109.41 relating to charit	able trusts.		
	-			
Date	Applicant	(or give other title)		

PROBATE COURT OF GEAUGA COUNTY, OHIO

JUDGE TIMOTHY J. GRENDELL

ESTATE OF	, DECEASED
Case No.	
	DR ADMISSION TO PROBATE LOST, TED, OR DESTROYED WILL [RC §2107.26, and §2107.27]
Applicant states that	, (the "Decedent") died on
	, County of
	Decedent signed his/her Last Will and Testament
	and Applicant further states
	at the time of Decedent's death; (2) either before or after the Decedent's
death such Will has become lost, spoliated, or destr	oyed and cannot be found, although a strict search has been made for such
Will, and (3) any facts known to the Applicant as to h	how the Will became lost, spoliated, or destroyed are as follows:
[ATTACH ADDITIONAL SHEETS IF NECESSARY] A copy of such lost, spoliated, or destroyed Will is at probate pursuant to the provisions of R.C. 2107.26 a	ttached. The Applicant requests that such Will be established and admitted to
Print Name of Attorney for Applicant	Print Name of Applicant
Street Address	Street Address
City, State, Zip Code	City, State, Zip Code
Phone Number	Phone Number
Attorney Registration No	

CASE NO. _____

	Residence Address	Relationship to Decedent	Birth date of Minor
	Address	Surviving Spouse	
ATTACH ADDITIONAL SHEETS IF NECESSARY]			
[]ENTRY []N	//AGISTRATE'S ORDER - SETTING H	EARING AND ORDERING NO	OTICE
ne Court sets dmit Lost, Spoliated, or Destro	, 20, at o'clockf yed Will to Probate	M., as the date and time for hearing	ng the Application
Decedent's surviving sp 2105 if the Decedent h	we written notice of the hearing on this a couse, to all persons who would be entitle ad died intestate, to all legatees and devis	ed to inherit from the Decedent un sees that are named in the Will, a	nder R.C. Chapter nd to all legatees at is known to the

ESTATE OF	, DECEASED		
Case No.			
WAIVER OF NOTICE OF HEARING AND CONSENT APPLICATION FOR ADMISSION TO PROBATE LOST WILL, SPOLIATED OR DESTROYED WILL [R.C. 2107.07]			
	ed to notice of hearing to admit to probate a lost will, notice and consent to the admission of such will to probate.		
Signature	Print Name		

ESTATE OF		, DECEASE	D
CASE NO			
WAIVER	OF RIG	HT TO CONTEST WILL	
he undersigned has a right to contest the	validity	nt's will was admitted to probate by this cour of that will under R.C. 2107.71. The undersigne ne limit for bringing a will contest action as prov	d waive(s)
Signature		Printed Name	
	_		
	-		
	-		
	-		
	-		
	-		
	-		
	-		
	-		

ESTATE OF	, DECEASED
CASE NO	
LOST, SPOLIATED	ATION FOR ADMISSION TO PROBATE OF D, OR DESTROYED WILL 07.26 and 2107.27]
To:	
• •	filed in the Probate Court of Geauga County, Ohio asking the liated, or Destroyed Will of the above name decedent who died
	ouse of the testator, or a person who would be entitled to inheri
from the testator under Chapter 2105 of the Revised 0	Code if the testator had died intestate, a legatee or devisee tha
is named in the Will, or in the most recent Will prior	r to the lost, spoliated, or destroyed Will that is known to the
applicant, or in the most recent Will prior to the docur	nent that is treated as a Will if the most recent Will is known to
the applicant (See R.C. §2107.27).	
The hearing on that application will be held on	the day of, 20 at o'clock
The Court is located at 231 Main St., STE 200, Char	don Ohio 44024.
If you know of any reason why that application s	hould not be granted, you should appear at the hearing
and inform the Court.	
	Name:
	Phone:

IN RE	[] Estate
CASE NO.	[] Guardianship [] Conservatorship [] Trust [] Other
AFFIDAV	T EVIDENCING SERVICE OF NOTICE [Civ. R. 73(F)]
notice, in accordance with as required by applicable l	eworn, the undersigned states that he or she has served Civil Rule 73(E), upon all persons required to receive notice aw, including the Geauga Local Rules, except to the extent lived notice. A copy of that notice is attached.
	vice of notice, as required by Civil Rule 73(F), are attached, ed or have been previously filed.
	Fiduciary [Print Name]
	Attorney [Print Name
State of Ohio County of Geauga	Attorney Registration Number
	scribed before me by
this date of	, 20

Notary Public

	[] ENTRY [] MAGISTRATE'S ORDER - ADMITTING LOST, SPOLIATED, OR DESTROYED WILL TO PROBATE
This o	day this cause came to be heard on the application of
establish ar	nd to admit to probate the Last Will and Testament of,
nd the same	was submitted to the Court.
Wher	reupon, the Court finds that:
1.	(the "Decedent"), at the time of death, was domiciled in this County;
2.	All persons who are entitled by law to notice of this proceeding have been duly notified thereof in accordance with the law and the former order of this Court or have waived such notice;
3.	The Decedent did on or about, duly execute his Last Will and Testament in the mode provided by law;
4.	Such Will was unrevoked at the Decedent's death;
5.	Such Will became, lost, spoliated, or destroyed:
	[] after the Decedent's death of the testator
	[] before the Decedent's death, but without his/her having knowledge of such loss;
6.	The Court finds that the contents of such Will are as set forth in Exhibit 1 attached hereto;
	IT IS THEREFORE ORDERED THAT:
	A. The Last Will and Testament of Decedent, as set forth in attached Exhibit 1, is hereby established; and
	B. Such Last Will and Testament is admitted to probate and ordered recorded.

ESTATE OF	, DECEASED
Case No	
WAIVER OF NOTICE	OF PROBATE OF WILL
[R.C. 21	107.19(A)(2)]
After a certificate is filed evidencing these wa the validity of this will must be filed no more	tice of the probate of this will, waive such notice. hivers and any notices given, any action to contest that three months after the filing of the certificate nuary 1, 2002, and no more that four months after nts who die before January 1, 2002.
Signature	Print Name

ESTATE OF	, DECEASED
Case No	
NOTICE OF	PROBATE OF WILL
[R.0	C. 2107.19(A)]
T o:	
You are hereby notified that the decedent died on	
was admitted to probate by this Court located at 231 Main , 20	n Street, Ste. 200, Chardon, Ohio 44024, on
	o inherit from the decedent had the decedent died intestate and to aive notice. You are receiving this notice as: [check all of the
The Surviving Spouse.	
A person who would be entitled to inherit from the	he decedent had the decedent died intestate.
A legatee or devisee named in the will.	
	ny action to contest the validity of this will must be filed no more ates of decedents who die on or after January 1, 2002, and no more es of decedents who die before January 1, 2002.
Date	 ☐ Fiduciary ☐ Applicant for the admission of this will to probate ☐ Applicant for a release from administration
Typed or Printed Name	☐ Other interested person ☐ Attorney for any of the above
Street Address	Autorney for any of the above
Succe Address	Attorney Registration No
City State Zip	
Phone Number (include area code)	

ESTATE OF	, DECEASED
CASE NO	
	E OF NOTICE OF PROBATE OF WILL C. 2107.19(A)(3)]
The undersigned states that all persons entitle	ed to notice:
[Check all applicable boxes]	
 ☐ Have received notice of the admission of ☐ Have been notified of the hearing on the p ☐ Evidence of notification is filed herein. 	his will to probate. The waivers are filed herein. this will to probate. probate of this will or a contest as to jurisdiction. hes or places of residence are unknown and cannot with
	[] 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	
	LINATION §2113.12]
Declination by	·
•	ast Will of
	e by this Court, declines to accept the trust as
Executor of that Will.	
Dated:	
	[type full name]

ESTATE OF				, DI	ECEASED	
Case No						
APPLICATION TO RELIEVE ESTATE FROM ADMINISTRATION [R.C. 2113.03]						ON
Applicant sta	ites that decedent d	ied on				
Decedent's d	omicile was		Street Address			
			Street Address			
City or Village	or Township if uninco	rporated area			Co	ounty
Post Office				State		Zip Code
[] Deced [] To app [Check one of [] The as [] The as or after [] The as on or a feer [] The as on	er April 16, 1993. ssets are \$85,000 or fer September 14, 199 ssets are \$100,000 or after March 18, 1999	less and deceder less and deceder less; the survivings, the survivings, the survivings, the survivings, the survivings.	ot leave a will. Int died on or after at died on or after after a spouse is entitle and	October 20, 1987. November 9, 1994. ed to all of the assets ed to all of the assets eled to all of the assets	and the dece	edent died on cedent died
	that the estate be relieve assets and liabilities of			ssets do not exceed the form 5.1.	statutory limi	its. A
The decedent's	surviving spouse, next	of kin, legatees,	and devisees know	to applicant, are listed	on the attached	i Form 1.0.
Attorney for Ap	pplicant		Applicant			
Type or print na	ame		Type or prir	nt name		
Street Address			Street Addre	ess		
City	State	Zip	City		State	Zip
Phone Number	(include area code)		Phone numb	per (include area code)		
Attorney Regist	ration No					

[Reverse	of Form	5.0
----------	---------	-----

Case No.	
Case Ind.	

WAIVER OF NOTICE

	ndersigned surviving spou of the application to reliev				
	[]ENTRY []MAGIS	STRATE'S ORDER -	SETTING I	HEARING AND (ORDERING NOTICE
The C	Court sets earing the application to re	lieve decedent's estate	, at from admin	o'clock	M., as the date and time
[Chee	ck one of the following]				
[]	All notice is dispensed	with as unnecessary.			
[]	Notice by publication to given, as provided by land notice.				Written notice shall be entitled to notice, who have
[]	Written notice is dispen as provided by law and			publication shall t	be given to interested parties
[]					waived notice, and notice Rules of Civil Procedure.
Date			Judge / M	agistrate	

ESTATE OF		, DECEASED
Case No.	_	
ASSETS AND LIABILITIES OF E	STATE TO BE RELIEVI	ED FROM
ADMINIS	TRATION	
Following is a summary statement of the character check in the "Appraised" column opposite an item is readily ascertainable value of the item was determine	f it was valued by the appr	aiser. Leave blank if the
Automobiles distributed to surviving spouse by affidavit	,	Value
First automobile selected by surviving spouse under R.C. [Omit value when computing total assets]	Appraised value \$	XXXX
Second automobile selected by surviving spouse under R [Omit value when computing total assets]		XXXX
Total value [not to exceed \$65,000.00]	\$	XXXX
Character of asset	Appraised	Value
Real Estate, described in accompanying Certificate of Transfer No.	\$	
Other assets		
		8
		<u> </u>
		S
	S	S
	.	<u> </u>
		S
		S
		S
	9	3

Total Assets

Following is a list of decedent's known del	bts. [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 APPLICAT	ΓΙΟΝ ΤΟ RELIEVE ESTATE FROM
ADMINIS'	TRATION
The undersigned surviving spouse, heirs at law notice of the filing of the application to relieve decede	v, legatees, devisees, and other persons entitled to ent's estate from administration, waive such notice.
Signature	Print Name

ESTATE OF	
Case No.	
OTICE OF APPLICATION TO RI	ELIEVE ESTATE FROM ADMINISTRATIO
o the following persons:	
Name	Address
Name	Address
Name	Address
Name	Address
Name	Address
An application has been filed in this C dministration, saying that the assets in the est	ourt asking that decedent's estate be relieved from tate do not exceed the statutory limits.
The hearing on the application will be held the transfer o'clockM. in this Court.	e day of
The Court is located at 231 MAIN STREET, S	SUITE 200, CHARDON, OHIO 44024
If you know of any reason why the apprenform the Court.	plication should not be granted, you should appear and
	Fiduciary

IN RE	[] Estate
CASE NO.	[] Guardianship [] Conservatorship [] Trust [] Other
AFFIDAV	T EVIDENCING SERVICE OF NOTICE [Civ. R. 73(F)]
notice, in accordance with as required by applicable l	eworn, the undersigned states that he or she has served Civil Rule 73(E), upon all persons required to receive notice aw, including the Geauga Local Rules, except to the extent lived notice. A copy of that notice is attached.
	vice of notice, as required by Civil Rule 73(F), are attached, ed or have been previously filed.
	Fiduciary [Print Name]
	Attorney [Print Name
State of Ohio County of Geauga	Attorney Registration Number
	scribed 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
		Amount
		\$
The Court appoints		
Commissioner, to receive and sell onecessary documents of conveyance vehicle, motorcycle, watercraft, or	or distribute the personal property or proceed e, including without limitation those necessal other titled personal property sold or distribu- t to the Court within sixty days of the date or	ary to transfer title to any motor uted in kind. The commissioner
shan complete the duties and repor	to the Court within sixty days of the date of	i unschuy.
Date	Judge / Magi	istrate
Date	Judge / Mag	istiate

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).

Case No.	

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]
person who file	responsible for this estate (executor, administrator, commissioner, or the d for a Release or Summary Release), I acknowledge that it is my duty to a 30 days after filing the initial application of appointment whether the
(1) 59	years of age or over on the date of death; and
(2) re-	ipient of medical assistance (Medicaid) benefits under R.C Chapter 5162.
a further duty to	ledge that if the answer to both of those determinations is "yes", then I have determine whether I must prepare SC Form 7.0(A) -"Notice of Administrator state Recovery Program," and timely mail that notice to the Medicaid nistrator at:
	Administrator, Medicaid Estate Recovery 30 E. Broad St., 14 st Floor Columbus, OH 43215
	nat Notice of Administrator of Medicaid Estate Recovery Program, I win the Court SC Form 7.0 - "Certification of Notice to Administrator of Medicaid Program.

Print Full Name

IN RE	=	
CASE	E NO	[] Conservatorship [] Trust [] Other
	BACKGROUND CERTIFICA	ATION
	AND	
	RECORD CHECK AUTHORI	ZATION
(Selec	ct one)	
{]	I certify that I have not been convicted of or plead guilty to case is pending.	o a felony offense, and no felony
	I have been convicted of or plead guilty to a felony offens which is explained below: [Provide the court, court numb 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	(.	
the Co	ning this document, I <i>authorize</i> the release of my criminal hourt for a period that is the lesser of (1) a two-year period abourt, or (2) the date that my duties as a fiduciary in this mat	after the date I file this document with
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

ESTA	TE OF	, DECE	EASED
CASE	NO		
	DIGITAL ASSET CERTIFICATION		
I certify	y that (1) I have made a good faith effort to ascertain the Digital Assets owned by		
	(the "Decedent") and the value, and (2) the	following is	s true and
correc	t 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	ggregate value of Decedent's Digital Assets is greater than \$5,000	Yes []	No []
The D	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		
Assets	known by me to be owned by the decedent at date of death.	Yes []	No []
Date:			

Print Name

ES	TATE OF	, DECE	ASED
CA	ASE NO		
	TANGIBLE PERSONAL PROPERTY CERTIFIC	ATION	
l c	ertify that (1) I have made a good faith effort to ascertain the tangible personal prop (the "Decedent") at death, a		wing is true
an	d correct to the best of my knowledge as of the date of death:		
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 lult next of kin or beneficiaries of this probate estate, and (iii) the guardian of all inor next of kin or beneficiaries of this probate estate of the description, extent, and value of all tangible personal property known by me to be owned by the excedent at date of death.		No
Da	ated : 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 Identifier Institution Abbreviation Form No. Filing Date				
Ex. 123-45-6789	Social Security	6789	22.3	7/1/2019
Ex. 0001234567	Anytown Bank Checking	Anytown #1	6.1	7/1/2019
1				
2				
3		_		_
4				
5				
6				_
7				_
8				
9				
10				
[] Check if additional				
	Signa	ture of Filing Par	ty	
	Printe	d Name		
	Date:			_
This is page of	pages			_

E2	TATE OF	, DECEASED	
CA	SE NO		
	APPLICATION FOR ORDE	R DISPENSING WITH APPRAISAL	
	applicant requests that an appraisal of the opriate boxes)	following probate property be dispensed with: (Check	
	Real Property, where value is determine Local Rule 78.5(D)(1)(a)(2)(a) and evide	ed in accordance with Geauga County Probate ence 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:		
Attorne	y Name	Fiduciary Name	
Street A	Address	Street Address	
City, St	ate, Zip	City, State, Zip	
Telepho	one	Telephone	
Atty Re	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 an inventory release from administration summary 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

ESTATE OF			, DECEASED
Case No			
	REPORT	OF DISTRIBUTION	
		stribution, reporting the distribution is Court in the following manner:	
Date of Sale or Distribution	To Whom Sold or Distributed	Description	Proceeds or Value
			\$
			\$
			*
			*
			<u> </u>
			\$
	Sign	ature	
		Print Name	
	[] JUDGMENT EN	TRY [] MAGISTRATI	E'S ORDER
_	rt and distribution having b the report and distribution	een made according to law and th are hereby approved.	e former order of the Cou
		Judge / Magistrate	

GC PF 5.9 REPORT OF DISTRIBUTION