

**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. GRENDALL**

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

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

**APPLICATION 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 attached and offered for probate, and applicant waives notice of probate of this will.

Decedent's surviving spouse, children, next of kin, legatees, and devisees, known to applicant, are listed on the attached Form 1.0.

\_\_\_\_\_  
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 code)

Attorney Registration No. \_\_\_\_\_

**WAIVER OF NOTICE OF PROBATE OF WILL**

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 than three months after the filing of the certificate for estates of decedents who die on or after January 1, 2002, and no more than four months after the filing of the certificate for estates of decedents who die before January 1, 2002.

Signature

Print Name

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**[ ] 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 or 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. \_\_\_\_\_

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

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]

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

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 than three months after the filing of the certificate for estates of decedents who die on or after January 1, 2002, and no more than four months after the filing of the certificate for estate of decedents who die before January 1, 2002.

Signature

Print Name

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

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

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

**NOTICE OF PROBATE OF WILL**

[R.C. 2107.19(A)]

To : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You are hereby notified that the decedent died on \_\_\_\_\_, that the Decedent's Will was admitted to probate by this Court located at **231 Main Street, Ste. 200, Chardon, Ohio 44024**, on \_\_\_\_\_, 20\_\_\_\_\_.

This notice is given to all persons who would be entitled to inherit from the decedent had the decedent died intestate and to all legatees and devisees named in this will who do not waive notice. You are receiving this notice as: [check all of the following that apply]

- The Surviving Spouse.
- A person who would be entitled to inherit from the decedent had the decedent died intestate.
- A legatee or devisee named in the will.

After a certificate is filed evidencing any notice given, any action to contest the validity of this will must be filed no more than three months after the filing of the certificate for estates of decedents who die on or after January 1, 2002, and no more than four months after the filing of the certificate for estates of decedents who die before January 1, 2002.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone Number (include area code)

- 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. \_\_\_\_\_

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

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. \_\_\_\_\_



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

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

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

**WAIVER OF RIGHT TO CONTEST WILL**

The undersigned acknowledge(s) that the decedent's will was admitted to probate by this court and that the undersigned has/have 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 waives the right to file a will contest action.

Signature

Printed Name

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

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 County

\_\_\_\_\_  
Post Office State Zip Code

[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

\_\_\_\_\_  
Type or print name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone Number (include area code)

\_\_\_\_\_  
Attorney Registration No.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Type or print name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone number (include area code)

**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

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

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.]

		Value
Automobiles distributed to surviving spouse by affidavit		
First automobile selected by surviving spouse under R.C. 2106.18 [Omit value when computing total assets] -----Appraised value \$		XXXX
Second automobile selected by surviving spouse under R.C. 2106.18 [Omit value when computing total assets] -----Appraised value \$		XXXX
<b>Total value [not to exceed \$65,000.00]</b>	<b>\$</b>	<b>XXXX</b>

Character of asset	Appraised	Value
Real Estate, described in accompanying Certificate of Transfer No.	\$	
Other assets		
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
<b>Total Assets</b>	<b>\$</b>	_____





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

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

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

**NOTICE OF APPLICATION TO RELIEVE ESTATE FROM ADMINISTRATION**

To the following persons:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_

An application has been filed in this Court asking that decedent's estate be relieved from administration, saying that the assets in the estate do not exceed the statutory limits.

The hearing on the application will be held the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
at \_\_\_\_\_ o'clock \_\_M. in this Court.

The Court is located at **231 MAIN STREET, SUITE 200, CHARDON, OHIO 44024**

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

\_\_\_\_\_  
Fiduciary

\_\_\_\_\_

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

IN RE \_\_\_\_\_

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

- 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. GRENDALL**

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 \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**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.

**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  
30 E. Broad St., 14<sup>th</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

**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, 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

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

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) the following is true and correct to the best of my knowledge:

The Decedent owns equipment capable of storing "electronic records" [see R.C. 2137.01(J) and (U) – e.g. computer, external hard drive, tablet, iPOD, cellphone, flash-drive, backup equipment, CD, DVD, etc.] Yes  No

The aggregate value of Decedent's Digital Assets is greater than \$5,000 Yes  No

The Decedent 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(l)) Yes  No   
If so, please explain:

I have fully informed (i) the surviving spouse, if any, (ii) all adult next of kin or beneficiaries of this probate estate, and (iii) the guardian of all minor next of kin or beneficiaries 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

# PROBATE COURT OF GEAUGA COUNTY, OHIO

## JUDGE TIMOTHY J. GRENDALL

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

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

### TANGIBLE PERSONAL PROPERTY CERTIFICATION

I certify that (1) I have made a good faith effort to ascertain the tangible personal property owned by \_\_\_\_\_ (the "Decedent") at death, and (2) the following is true and 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 [ ]

To the extent possible, I have fully informed (i) the surviving spouse, if any, (ii) all adult next of kin or beneficiaries of this probate estate, and (iii) the guardian of all minor 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 decedent at date of death.

Yes No

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

\_\_\_\_\_  
\_\_\_\_\_  
Print Name

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

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 pages are attached

\_\_\_\_\_  
Signature of Filing Party

\_\_\_\_\_  
Printed Name

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

This is page \_\_\_\_\_ of \_\_\_\_\_ pages



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

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

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

**APPLICATION FOR ORDER DISPENSING WITH APPRAISAL**

The applicant requests that an appraisal of the following probate property be dispensed with: (Check appropriate boxes)

- Real Property, where value is determined in accordance with Geauga County Probate Local 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

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone

Atty Reg. No. \_\_\_\_\_

\_\_\_\_\_  
Fiduciary Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone

# 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

**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

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

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	Description	Proceeds or Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Signature \_\_\_\_\_

\_\_\_\_\_  
 Print Name

JUDGMENT ENTRY     MAGISTRATE'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