

**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.



**PROBATE COURT OF GEAUGA COUNTY, OHIO**  
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ESTATE OF \_\_\_\_\_, DECEASED

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

**APPLICATION FOR SHORT FORM RELEASE FROM ADMINISTRATION**  
**(Total Value of the Probate Property is \$1,000 or less)**

The undersigned states, to the best of his or her knowledge after reasonable due diligence, that:

1. The above-named decedent died on \_\_\_\_\_, and the decedent's legal residence as of decedent's date of death is:

\_\_\_\_\_, in Geauga County.

2. As of decedent's date of death, the decedent's probate property did not include any real property.

3. The decedent's probate property to be release from administration and distributed is the following: [attach extra sheet if needed]

Probate Property Description	Value
_____	\$ _____
_____	\$ _____
_____	\$ _____

4. The decedent's funeral director bill was  prepaid OR  paid by: \_\_\_\_\_, who is being reimbursed through this distribution or has waived reimbursement in writing.

5. Decedent  did have a will  did not have a will.

6. All of decedent's creditors (including the Ohio Medicaid Recovery Program, the U.S. Department of the Treasury, and the Ohio Department of Taxation), who currently are legally entitled to payment from the probate property, have been paid, except for the creditor claims noted below, which will be paid from the probate property.

Creditor Name	Claim Description	Amount Due
_____	_____	\$ _____
_____	_____	\$ _____

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7. The applicant requests that this court appoint the applicant as Commissioner to collect and distribute the probate property as follows:

Creditor	Probate Property	Value
_____	_____	\$ _____
_____	_____	\$ _____

Distributee	Probate Property	Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

\_\_\_\_\_  
[Attorney signature]

\_\_\_\_\_  
[Applicant signature]

\_\_\_\_\_  
[Print name]

\_\_\_\_\_  
[Print name]

\_\_\_\_\_  
[Print address]

\_\_\_\_\_  
[Print address]

\_\_\_\_\_  
[Print Phone Number]

\_\_\_\_\_  
[Print Phone Number]

Attorney Reg. No. \_\_\_\_\_

Attorney Email: \_\_\_\_\_

**ACKNOWLEDGMENT OF CREDITOR RIGHTS**

The undersigned persons, who receive probate property from the Commissioner, acknowledge that a return of the probate property may be required if any creditor claims are timely filed and the distributed probate property is required to pay valid creditor claims in accordance with statutory priorities.

Signature

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Distributee Name

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**CONSENT OF INTERESTED PARTIES**

Each of the undersigned (i) acknowledges receipt of a copy of this Application for Short Form Release from Administration, (ii) consents to the appointment of the Commissioner, (iii) consents to the distribution of decedent's probate property that is described above to the creditors, if any, and the distributee(s) noted above, (iv) consents to the value assigned to the probate property without appraisal, and (v) assigns all rights of inheritance to such probate property to the distributee(s) noted above.

Signature

Print Name

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

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

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

**[ ] JUDGMENT ENTRY [ ] MAGISTRATE'S DECISION  
APPROVING SHORT FORM RELEASE  
OF ESTATE FROM ADMINISTRATION**

The Court finds that the Application for Short Form Release from Administration is appropriate in this estate. Therefore, the Court **ORDERS** that

1. \_\_\_\_\_ is appointed Commissioner, to receive, sell if needed, and distribute the probate property or proceeds thereof and to execute all necessary documents to accomplish the receipt, sale, or distribution, all as set forth in the Application for Short Form Release from Administration.
  
2. The Commissioner shall file a Report of Distribution with proof of the distributions no later than 30 days after this Judgment Entry. Upon the filing and acceptance of the Report of Distribution this case is terminated and the file closed.

Date: \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Judge / Magistrate

**JUDGMENT ENTRY APPROVING 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 adopts the Magistrate's Decision as an Order of this Court. The Magistrate's Decision is incorporated into the Entry by reference.

Date: \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Judge

**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

**PROBATE COURT OF GEAUGA COUNTY, OHIO**  
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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. GREDELL**

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

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

**Waiver of Reimbursement for Funeral and Burial Expenses**

The undersigned, having paid:

[ ] funeral expenses, which are included in a funeral director's bill, in the amount of \$\_\_\_\_\_

[ ] and other court-approved funeral and burial expenses, in the amount of \$\_\_\_\_\_

waives and releases all rights to be reimbursed for all such expenses paid by the undersigned on behalf of this estate.

Dated: \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_

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