

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 RELEASE FINANCIAL INFORMATION

Applicant states that _____ ("Decedent") died _____, 20____.

Decedent's residence was _____
(Street Address)

(City, Village, or Township)

(County)

(State)

(Zip Code)

Applicant requests authority to obtain, from the financial institutions named below, only the following information regarding Decedent's (1) financial accounts: (a) the manner in which each of the accounts for the Decedent are titled, (b) the last four digits of the account number, and (c) the date of death value of the accounts; and (2) death benefits (e.g., life insurance, annuities, retirement accounts/plans): (a) the date of death value of the death benefit, and (b) the last four digits of the applicable policy/account number. Applicant makes this request for the sole purpose of pursuing an estate administration and states that no estate administration regarding the Decedent has been commenced. Attached is (i) Form 1.0 - "Surviving Spouse, Children, Next of Kin, Legatees and Devisees," (ii) Form GC PF 4.14 - "Waiver and Consent to Release Financial Information, and (iii) a copy of Decedent's death certificate. Applicant states that Applicant is either (1) an individual who is eligible to be appointed as a fiduciary of the Decedent's estate under Ohio law, or (2) all persons listed on Form 1.0 have consented to the appointment, and the Applicant submits to the court a valid government-issued photo identification.

Financial Institution

Address

Signature - Attorney for Applicant

Signature - 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 (include area code)

Attorney Registration No.

☐ Judgment Entry ☐ Magistrate's Decision

The Court, having considered this Application to Release Financial,

☐

The Court finds that the Application is well taken and the appointment of the applicant as special commissioner to obtain certain of Decedent's financial information for the sole purpose of evaluating whether to file an application to administer Decedent's estate, a release of administration, or a summary release of administration is in the best interest of the Decedent's creditors, surviving spouse, beneficiaries, and next-of-kin.

The Court Orders That:

1. _____ ("Special Commissioner") is appointed to obtain certain of Decedent's financial information for the sole purpose of evaluating whether to file an application to administer Decedent's estate, a release of administration, or a summary release of administration.
2. Upon written request of the Special Commissioner, those financial institutions identified in the application are authorized to and shall promptly release and deliver to the Special Commissioner (1) a description of each financial asset, account, policy, contract titled in the Decedent's name and the manner of ownership, (2) the last four digits of the identification number for each of those assets, and (3) the date of death value of each of those assets.
3. The Special Commissioner shall (i) store such information in a safe and secure manner, (ii) maintain the confidentiality of such records, (iii) act in a fiduciary manner regarding Decedent's beneficiaries and next-of-kin, (iv) not disclose or otherwise distribute such information to any person or entity, excepting the attorney who signed the application or as otherwise required by applicable law or order of this Court, and (v) file a report of findings with the Court using Form CG PF - "4.13A - Report of Finding of Financial Information" no later than 30 Calendar Days after receipt of the financial information.

☐

The Court denies this application.

Dated: _____

Judge / Magistrate

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

ESTATE OF _____, DECEASED

CASE NO. _____

WAIVER AND CONSENT - RELEASE OF FINANCIAL INFORMATION

The undersigned waive notice of a hearing and consent to and approve the Application to Release Financial Information and the appointment of _____ as set forth in the Application.

Signatures

Type Name

PROBATE COURT OF GEAUGA COUNTY, OHIO

JUDGE TIMOTHY J. GRENDALL

ESTATE OF _____, DECEASED

CASE NO. _____

NOTICE OF APPLICATION TO RELEASE FINANCIAL INFORMATION

To the following persons:

Name

Address

Name

Address

Name

Address

Name

Address

Name

Address

Name

Address

_____ has filed an application in this Court, seeking the release of the decedent's financial information for use in evaluating whether to commence a probate proceeding and the type of such proceeding.

You are one of the above-named decedent's next of kin and are therefore entitled to notice of the pending Application to Release Financial Information. The Court shall issue an order not earlier than 10 days after the transmission of this Notice.

☐ The Application to Release Financial Information shall be heard before the Geauga County Probate Court, located at 231 Main Street Ste 200, Chardon, Ohio 44024, on the _____ day of _____, at _____ o'clock _____ M.

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

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
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REPORT OF FINDINGS OF FINANCIAL INFORMATION

Now comes _____, who was authorized to receive certain financial information of the Decedent's financial accounts, and certifies that the following is all of the financial information that was received by the Special Commissioner:

Financial Institution	Type of Account	Acct. No. [last 4 digits]	DOD Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Other:

Signature of Special Commissioner

Typed or Printed Name

Address

City

State

Zip Code

Phone Number (Include Area Code)