SUMMARY ESTATES

ENCLOSED IS A PACKET OF FORMS THAT YOU WILL NEED TO COMPLETE. IN ADDITION TO THE COMPLETED FORMS YOU WILL NEED THE FOLLOWING:

* Original Will (If the decedent had one)

* Death Certificate

* Paid funeral receipt that shows who paid the funeral or a copy of the contract signed by the person who is responsible to pay for the funeral.

* Proof of the asset such as a bank statement or vehicle title

* Appraisal or documentation to verify the value of real estate and tangible property such as a car.

* Filing fee in the amount of $75 .

PROBATE COURT OF STARK COUNTY, OHIO
CURT WERREN, PROBATE JUDGE

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	Birthdate of Minor
		Surviving Spouse	

[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	Birthdate 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 and 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)

_____

Print Form

PROBATE COURT OF STARK COUNTY, OHIO

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**	**7/1/2009**
Ex.	**0001234567**	**Anytown Bank Checking**	**Anytown #1**	**6.1**	**7/1/2009**
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 STARK COUNTY, OHIO
CURT WERREN, JUDGE

ESTATE OF _____ **, DECEASED**

CASE NO. _____

APPLICATION FOR SUMMARY ESTATE ADMINISTRATION

Applicant states: Decedent died on _____ , a resident of Stark

County, Ohio living at _____ .
Applicant has paid, or has assumed responsibility for the payment of the decedent's funeral expenses. ☐ A copy of a receipt for the funeral expenses is attached **or** ☐ A copy of the contract obligation the distributee to pay the funeral expenses is attached. ☐ The distributee is the decedent's surviving spouse.

☐ Decedent was a Medicaid recipient, and the State of Ohio is entitled to estate recovery as verified by the attached notice.

☐ Decedent did not have a will; **or** ☐ Decedent's will is filed herewith for recording only.

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

Decedent owned the following: _____

_____

_____

Attached is written documentation verifying the description and value of the asset(s) to be distributed/transferred.

Applicant represents that the value of the above assets(s) does not exceed $2,000.00.

There are no other assets requiring an administration estate. Applicant is entitled to the assets listed above to satisfy the claim for decedent's funeral expenses and requests the above described asset be transferred/distributed to _____

_____
Applicant

_____
Typed or Printed Name

_____
Address

_____

_____
Phone Number (include area code)

ORDER

The application is granted, and title to the asset(s) described above shall be transferred as requested.

_____
Curt Werren, Probate Judge