

PROBATE COURT OF SUMMIT COUNTY, OHIO

ESTATE OF _____, DECEASED
CASE NO. _____

APPLICATION TO RELIEVE ESTATE FROM ADMINISTRATION
(SHORT FORM)

Applicant says that decedent died on _____.

Decedent's domicile was _____
Street Address

City County State Zip Code

Applicant asks that the estate be relieved from administration because the assets do not exceed the total value of Four Thousand Five Hundred Dollars (\$4,500.00).

Applicant states that there is no outstanding funeral bill, and that the creditors, if any, will not be prejudiced if there is no administration.

Applicant affirms that the assets listed on the Order Relieving Estate From Administration are the only assets of the decedent, and that the values given are accurate and readily ascertainable.

Applicant says the decedent was survived by those persons listed on the reverse side.

Applicant, by signing this document, acknowledges receipt of the Order Relieving the Estate from Administration, and hereby agrees to execute the Order of the Court within fifteen (15) days from the date hereof.

Attorney

Applicant

Typed or Printed Name

Typed or Printed Name

Address

Address

City/State/Zip

City/State/Zip

Telephone

Telephone

Supreme Court Registration No.

Relationship to Decedent

