

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

CASE NUMBER: \_\_\_\_\_

**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 known to applicant, are listed on the attached Form 1.0.

**(Check, if applicable)**

Decedent was fifty-five years of age or older at the time of death and was a recipient of medical assistance under chapter 5111 of the Revised Code. Form 7.0 Notice to Administrator of Estate Recovery Program has been or will be filed.

\_\_\_\_\_  
Attorney For Applicant

\_\_\_\_\_  
Applicant

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

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

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

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

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



