## PROBATE COURT OF COSHOCTON COUNTY, OHIO VAN BLANCHARD II, JUDGE

<b>ESTATE O</b>	F					, DECEASED
CASE NO.						
	ADDUCATION	TO 01	ODEN EC	TATE AND AD	DOINT FIRM OF A DV	
	APPLICATION	TO RE	OPEN ES	TATE AND AF	PPOINT FIDUCIARY	
Applicant s	states that the decedent d	ied on			that his/her estate was	administered in
					Applicant asks	
be reopened and that he/she be qualified as the					for the followin	g reason(s):
	Newly Discovered Assets					
	Natural of Asset(s):					
	There is a wrongful death	n or surv	ival action or l	itigation (in favor o	f/against) the estate	
	pending in (specify the court, case number, and trial date):					
	Other Claim(s):					
	Nature of Claim(s):					
	Other (please specify):					
[Check one	of the following]:					
☐ The decedent's will waives bond or bond is not required by law.						
	Applicant offers the attac	ched bor	d in the amou	int of \$		
[Check one	e of the following]:					
Applicant i	s:					
	Prior fiduciary of the esta	ate (Comp	leted Form 1.0, S	urviving Spouse, Childre	en, Next of Kin, Legatees and Dev	isees, attached)
	Alternate fiduciary name	d in dece	edent's will (Co	mpleted Form 4.0, App	lication for Authority to Administ	er Estate, attached)
	Sole beneficiary under de Estate, attached)	ecedent's	s will or sole h	eir at law (Completed	Form 4.0, Application for Author	rity to Administer
	A next-of-kin (Completed Fo	orm 4.0, A <sub>l</sub>	oplication for Aut	hority to Administer Es	tate, attached. If there are addition	onal next-of-kin
		duciary, co	mpleted Form 1.	0, Surviving Spouse, Ch	ildren, Next of Kin, Legatees and I	Devisees,
	attached) Other:					
	Other.					
Attorney for	Applicant Signature			Applicant Signat	ure	
- Tetorney 101	Applicant Signature					
Typed or Prir	ited Name		_	Typed or Printed	l Name	
Address				Address		
City	State		Zip	City	State	Zip
Telephone Number (include area code)				Telephone Number (include area code)		

Attorney Registration No.