

COSHOCTON COUNTY PROBATE COURT
VAN BLANCHARD II, JUDGE
www.coshocountcounty.net/agency/probate/

LOCAL RULE 75.5 SUMMARY RELEASE FROM ADMINISTRATION

(A) A summary release from administration may be filed if:

- 1) the applicant is decedent's surviving spouse entitled to one hundred percent (100%) of the allowance for support and decedent's funeral and burial expenses have been prepaid; **or**
- 2) the surviving spouse has paid or is obligated in writing to pay decedent's funeral and burial expenses and the value of the assets does not exceed the \$40,000 allowance for support plus an amount not exceeding \$5,000 for decedent's funeral and burial expenses; **or**
- 3) the applicant who is not the surviving spouse has paid or is obligated in writing to pay decedent's funeral and burial expenses and the value of the assets is the lesser of \$5,000 or the amount of decedent's funeral and burial expenses.

(B) Required filings are: **Application for Summary Release, including supporting documentation of decedent's ownership and values i.e. copy of a title, bank statement, etc.; standard probate form 1.0 and either a copy of a paid funeral bill or a signed agreement of the funeral home to accept later payment, copy of death certificate, and entry granting summary release.**

(C) The procedure is intended to be a speedy uncomplicated process to assist the public in those situations where a full estate or release from administration is not needed. However, the Court reserves the right to require additional filings or set hearing if it deems they are necessary to assure proper collection of assets, payment of obligations and distribution of decedent's assets.

COURT COSTS TO FILE A SUMMARY RELEASE:

\$110.00 with no real property

\$115.00 with real property

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**Court Staff cannot provide legal advice as they are not Attorneys.**

The can answer questions about Court Procedure and Rules, but  
**may not assist** in the completion of paperwork!

For help with legal matters, contact a local Attorney or:  
Southeast Ohio Legal Services at 1-800-686-3670

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

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

CASE NO. \_\_\_\_\_

**APPLICATION FOR SUMMARY RELEASE FROM ADMINISTRATION  
[R.C. 2113.031]**

Applicant stated that decedent dies 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]

- The applicant is decedent's surviving spouse entitled to one hundred percent of the allowance for support and decedent's funeral and burial expenses have been prepaid or the surviving spouse has paid or is obligated in writing to pay decedent's funeral and burial expenses and the value of the assets does not exceed the \$40,000.00 allowance for support under R.C. 2106.13(B) plus an amount not exceeding \$5,000.00 for decedent's funeral and burial expenses.
- The applicant, who is not the surviving spouse, has paid or is obligated in writing to pay decedent's funeral and burial expenses and the value of the assets is the lesser of \$5,000.00 or the amount of decedent's funeral and burial expenses.

Attached hereto is a receipt, contract or other document that confirms the applicants payment or obligation to pay decedent's funeral and burial expenses or if the applicant is the surviving spouse, the prepayment receipt, if applicable.

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

Applicant states that there are no pending proceedings for the administration of decedent's estate of relief of decedent's estate from administration under R.C. 2113.03.

All known assets with date of death values of the estate are as follows:

- Motor Vehicles (including year, make, model, body type, manufacturer's vehicle identification number and Certificate of Title number)

\_\_\_\_\_ \$

\_\_\_\_\_ \$

Accounts maintained by a Financial Institution (include financial institution name and the account's complete identifying number):

\_\_\_\_\_ \$  
\_\_\_\_\_ \$

Stocks and Bonds (include for each stock or bond its serial number, the name of its issuer, the name and address of its transfer agent, and the total number of shares of stocks or bonds:

\_\_\_\_\_ \$  
\_\_\_\_\_ \$

Real estate described in accompanying Form 12.0 Application for Certificate of Transfer and Form 12.1 Certificate of Transfer and date of death value. [Attach verification of value.] \$ \_\_\_\_\_

Other assets and date of death values

\_\_\_\_\_ \$

**Total Assets** \$ \_\_\_\_\_

Applicant requests an order granting summary release.

\_\_\_\_\_  
Attorney for Applicant

\_\_\_\_\_  
Applicant's Signature

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

\_\_\_\_\_  
Applicant's Typed or Printed Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
City State Zip Code

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

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

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

Signed and acknowledged by the applicant in my presence  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public/Deputy Clerk

THE STATE OF OHIO ) VAN BLANCHARD II, CLERK  
COSHOCOTON COUNTY) SS OF THE COURT OF COMMON PLEAS  
JUVENILE/PROBATE DIVISION  
  
WITHIN AND FOR SAID COUNTY  
HEREBY CERTIFY THAT THE ABOVE AND FOREGOING IS TRULY  
TAKEN AND COPIED FROM THE ORIGINAL NOW ON FILE IN MY  
OFFICE  
  
WITNESS MY HAND AND SEAL OF SAID COURT THIS \_\_\_\_\_ DAY  
OF \_\_\_\_\_ A.D. 20\_\_ VAN BLANCHARD II, CLERK  
BY \_\_\_\_\_ DEPUTY

PROBATE COURT OF COSHOCTON COUNTY, OHIO

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 application 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.

Table with 4 columns: Name, Residence Address, Relationship to Decedent, Birthdate of Minor. Includes a pre-filled row for 'Surviving Spouse'.

[Check whichever of the following is applicable]

- Five checkboxes for conditions regarding surviving spouse and decedent's children.

**CASE NO.** \_\_\_\_\_

The following are the vested beneficiaries named in the decedent's will:

| Name | Residence<br>Address | Birthdate<br>of Minor |
|------|----------------------|-----------------------|
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**[Check whichever of the following is applicable]**

- The will contains 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' signature (or give other title)

\_\_\_\_\_