

**PROBATE COURT OF COSHOCTON COUNTY, OHIO  
JASON W. GIVEN, JUDGE**

ESTATE OF \_\_\_\_\_, DECEASED  
CASE NO. \_\_\_\_\_

**APPLICATION FOR AUTHORITY  
TO OBTAIN RELEASE OF FINANCIAL INFORMATION**

Now comes \_\_\_\_\_, the \_\_\_\_\_ of the  
(Name) (Relationship)  
above-named decedent who died on \_\_\_\_\_. Decedent's domicile  
or residence was \_\_\_\_\_  
(Street Address, City, State, Zip Code and County)

The Applicant requests authority to obtain only information regarding the manner in which accounts for the decedent are titled and the date of death balances for those accounts at the following institutions for purpose of pursuing an estate administration. No administration of the estate of the decedent has been commenced.

The Applicant submits with this Application (1) the Applicant's current photo identification, (2) Surviving Spouse, Children, next of kin, Legatees, and devisees (**Form 1.0**) known to the Applicant (3) a copy of the decedent's death certificate, and (4) \$25.00 court costs filing fee.

Assets: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Attorney's Signature  
\_\_\_\_\_  
Attorney's Printed Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State, Zip Code  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
\_\_\_\_\_  
Sup. Ct. No. \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature  
\_\_\_\_\_  
Applicant's Printed Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State, Zip Code  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
\_\_\_\_\_  
Date: \_\_\_\_\_



**PROBATE COURT OF COSHOCTON COUNTY, OHIO  
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ESTATE OF \_\_\_\_\_, DECEASED  
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**JUDGMENT ENTRY  
RELEASE OF FINANCIAL INFORMATION**

For good cause shown, the institutions named on the application are authorized to release written confirmation of the financial information to the Applicant concerning this decedent, excluding information if the account has a listed surviving co-owner or has P.O.D./T.O.D. beneficiary.

The Applicant shall file a Report of the Finding within 30 days. **THIS DOES NOT AUTHORIZE THE RELEASE OF THE ASSETS, ONLY INFORMATION CONCERNING THE FUNDS.**

\_\_\_\_\_  
JASON W. GIVEN, JUDGE

**PROBATE COURT OF COSHOCTON COUNTY, OHIO  
JASON W. GIVEN, JUDGE**

ESTATE OF \_\_\_\_\_, DECEASED  
CASE NO. \_\_\_\_\_

**REPORT OF RELEASED FINANCIAL INFORMATION**

(Due 30 days following Authorization for Information Release)

Now comes \_\_\_\_\_, the Applicant who was previously authorized to request information regarding specified assets of the decedent and reports the following to be the results of the request:

Reported Assets: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Attorney's Signature

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

\_\_\_\_\_  
Attorney's Printed Name

\_\_\_\_\_  
Applicant's Printed Name

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Sup. Ct. No. \_\_\_\_\_

Date: \_\_\_\_\_

**JUDGMENT ENTRY**

The Report having been filed and no further proceedings being conducted in this case, it is **ORDERED** that the Authority of the Applicant be revoked, the case terminated and the file closed.

\_\_\_\_\_  
JASON W. GIVEN, JUDGE