

COURT OF COMMON PLEAS
PROBATE DIVISION
ALLEN COUNTY, OHIO

47956

Case No. Forms Lima, Ohio, 4-16-08

RECEIVED OF Linda Gibson

Ten and 00/100 Dollars

ALLEN COUNTY PROBATE COURT

\$ 10.00 By Nite M. Cleck

| | | | |
|----------------------|-------------------------------------|--------------|--------------------------|
| 1-Estate | \$ | _____ | |
| 2-Guardianship | \$ | _____ | |
| 3-Reg. or Corr. | \$ | _____ | |
| 4-Adoption | \$ | _____ | |
| 5-Marriage Cert. | \$ | _____ | |
| 6-Mentals | \$ | _____ | |
| 7-M. Settlement | \$ | _____ | |
| 8-Misc. | \$ | <u>10.00</u> | |
| TOTAL | \$ | <u>10.00</u> | |
| Cash | <input checked="" type="checkbox"/> | Check | <input type="checkbox"/> |
| Postal Money Order | <input type="checkbox"/> | | <input type="checkbox"/> |
| Express Money Order | <input type="checkbox"/> | | <input type="checkbox"/> |
| Personal Money Order | <input type="checkbox"/> | | <input type="checkbox"/> |

PROBATE COURT ALLEN COUNTY, OHIO

ESTATE OF

Daisie Gibson

DECEASED

CASE NO.

2008 ES 523

FILED
PROBATE COURT

08 NOV 26 AM 11:48

APPLICATION FOR
SUMMARY RELEASE FROM ADMINISTRATION

[R.C. 2113.031]

Applicant states that decedent died on

March 19, 2008

Decedent's domicile was

790 South Main Street

Street Address

City or Village or Township if unincorporated area

Lima Ohio

45

Post Office

State

Ohio

Allen
County

Zip Code

45804

[Check one of the following]

- Decedent died on or after September 9, 2000, and before October 12, 2006.
- Decedent died on or after October 12, 2006.

[Check applicable boxes]

- 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 allowance for support under R.C. 2106.13(B) plus an amount for decedent's funeral and burial expenses not exceeding: \$5,000 [For date of death on or after October, 12, 2006]; or \$2,000 [For date of death after September 9, 2000, and before October 12, 2006]
- The applicant (including a person described in section 2108.89 of the Revised Code), 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 [For date of death on or after October 12, 2006]; \$2,000 [For date of death after September 9, 2000, and before October 12, 2006]; or the amount of decedent's funeral and burial expenses.

Attached hereto is a receipt, contract, written declaration as defined in Section 2108.70 of the Revised Code, or other document that confirms the applicant's 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 or 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 (include year, make, model, body type, manufacturer's vehicle identification number and Certificate of Title number)

2000 Chev Chevrolet 2DCav

1G1LJC1240Y7228349 // # Certificate of Title 0200669609 \$ 2775.00

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

Chase Bank - 2723100232 \$ 776.68
\$ 43.19

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 other date of death values

\$ _____
\$ _____

Total Assets \$ 3594.87

Applicant requests an order granting summary release

Attorney for Applicant

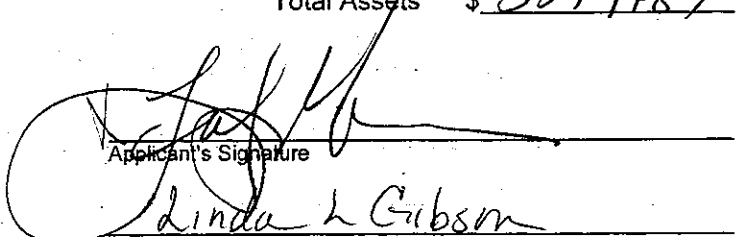
Typed or Printed Name

Street Address

City State Zip Code

Phone Number (include area code)

Attorney Registration No.



Applicant's Signature
Linda L. Gibson

Applicant's Typed or Printed Name

1888 Walnut Hill Park Dr

Street Address

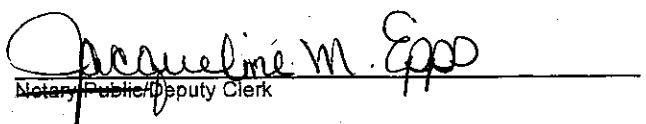
Columbus Ohio 43232

City State Zip Code

(614) 216-2993

Phone Number (include area code)

Signed and acknowledged by the applicant in my presence this 26th day of November, 2008.



Notary Public/Deputy Clerk

PROBATE COURT OF Allen COUNTY, OHIO

ESTATE OF Daisie Gibson 08 NOV 26 AM 11:48, DECEASED
 CASE NO. 2008 ES 523

FILED
 CLARENCE B. GILBERT, CLERK
 ALLEN COUNTY, OHIO

**SURVIVING SPOUSE, CHILDREN, NEXT OF KIN,
 LEGATEES AND DEVISEES**

[R.C. 2105.06, 2106.13 and 2107.19]

[Use with those applications 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.

| Name | Residence Address | Relationship to Decedent | Birthdate of Minor |
|----------------|-------------------|--------------------------|---------------------------------------|
| Hyman Gibson | 5965 Cleghorn | Surviving Spouse | Pontana, CA 92336 4/23/56 |
| Deborah Gibson | 16675 49th Street | daughter | Tacoma WA 98408-1406 11/27/58 |
| Dinnah Gibson | 6338 Ambleside Dr | daughter | Columbus, Ohio 43229 3/20/64 |
| Linda Gibson | 1888 Walnut | daughter | 101 Park Dr Col. Ohio 6/20/57 4/32/32 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

[Check whichever of the following is applicable]

- The surviving spouse is the natural or adoptive parent of all of the decedent's children.
- The surviving spouse is the natural or adoptive parent of at least one, but not all, of the decedent's children.
- The surviving spouse is not the natural or adoptive parent of any of the decedent's children.
- There are minor children of the decedent who are not the children of the surviving spouse.
- There are minor children of the decedent and no surviving spouse.

CHARGE FOR SERVICES SELECTED:

A. PROFESSIONAL SERVICES

| | | |
|--|-----------|-----------------|
| Services of Funeral Director and Staff | \$ | 790.00 |
| Embalming | \$ | 325.00 |
| Other Preparation of body | \$ | 80.00 |
| Cosmetizing, dressing, cosmetology | \$ | |
| | \$ | |
| TOTAL PROFESSIONAL SERVICES | \$ | 1,195.00 |

B. FACILITIES AND SERVICE

| | | |
|--|-----------|---------------|
| Use of facilities and Staff for Viewing/Visitation | \$ | 165.00 |
| Use of facilities & Staff for Funeral Service | \$ | 165.00 |
| Use of facilities & Staff for Memorial Service | \$ | |
| Use of equipment & Staff for Grave side Service | \$ | |
| Use of equipment & Staff for Church Service | \$ | |
| | \$ | |
| TOTAL FACILITIES AND EQUIPMENT | \$ | 330.00 |

C. AUTOMOTIVE EQUIPMENT

| | | |
|---|-----------|---------------|
| Transfer of remains to the Funeral Home | \$ | 175.00 |
| Hearse (Casket Coach) | \$ | 185.00 |
| Limousine | \$ | |
| Sedan | \$ | |
| Utility Car | \$ | 105.00 |
| | \$ | |
| | \$ | |
| TOTAL OF AUTOMOTIVE EQUIPMENT | \$ | 465.00 |

TOTAL OF SERVICES SELECTED \$ **1,990.00**

CHARGE FOR MERCHANDISE SELECTED:

| | | |
|-----------------------------------|-----------|-----------------|
| Casket (or other receptacle) | \$ | 995.00 |
| Name/No. Trindex | | |
| Material 20 Ga Steel Gasket | | |
| Color Cooper/Silver | | |
| Outer Burial Container | \$ | 790.00 |
| Name/No. | | |
| Material | | |
| Acknowledgment Cards | \$ | |
| Register Book(s) | \$ | |
| Memory Folders/Programs | \$ | 150.00 |
| Prayer Cards | \$ | |
| Cremation urn | \$ | |
| Burial clothing | \$ | |
| Flowers White Roses | \$ | 150.00 |
| | \$ | |
| TOTAL MERCHANDISE SELECTED | \$ | 2,085.00 |

WARRANTY

The only warranty on the casket or outer burial container, or both, sold in conjunction with this service is the express written warranty, if any, granted by the manufacturer. This funeral home make no warranty, express or implied, with respect to the casket or outer burial container or their suitability for a particular purpose.

2008 ES 5 2 3

Jones-Clark Funeral Home, Inc.

1302 Oakland Parkway
Lima, Ohio 45805

419-225-5741

Coleman Clark, Jr. - Funeral Director

FILED
PROBATE COURT

Fax 419-225-5021

Sylvia Clark - Funeral Director

STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED

Services for Daisie Louise Gibson Soc. Sec. # 292-22-1339
Date of Contract March 11, 2008 Date of Service March 19, 2008 Case # 20029 Preplan # _____

Charges are only for those items that you selected or required. If we are required by law, cemetery or crematory to use any items, we will explain the reason in writing below. If you selected a funeral that may require an embalming, such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for an embalming you did not request or approve if you selected arrangements, such as a direct cremation or immediate burial. If we charge you for embalming, we will explain why below. All items on this contract may carry a charge for our services in procuring these items or services you request.

OTHER SPECIAL SERVICES

| | | |
|--------------------------------|-----------|--|
| Forwarding to: | \$ | |
| Receiving from: | \$ | |
| Immediate Burial | \$ | |
| Direct Cremation | \$ | |
| | \$ | |
| TOTAL OF SPECIAL CHARGE | \$ | |

CASH ADVANCES

We charge you for services in obtaining the following items:

| | | |
|---|-----------|-----------------|
| Flowers | \$ | |
| Newspaper Notices Lima News | \$ | 125.00 |
| Cemetery opening/closing | \$ | 1,695.00 |
| Certified Copies of Death Certificate 1 | \$ | 22.00 |
| Stone lettering | \$ | |
| Clergy / Mass Offering | \$ | |
| Musician | \$ | |
| Clergy Honorarium | \$ | 100.00 |
| Musician Honorarium | \$ | 50.00 |
| Beautician | \$ | 50.00 |
| | \$ | |
| | \$ | |
| TOTAL OF ADVANCES | \$ | 2,042.00 |

SUMMARY OF CHARGES

| | | |
|--|-----------|-----------------|
| TOTAL PROFESSIONAL SERVICES | \$ | 1,195.00 |
| TOTAL FACILITIES AND EQUIPMENT | \$ | 330.00 |
| TOTAL OF AUTOMOTIVE EQUIPMENT | \$ | 465.00 |
| TOTAL MERCHANDISE SELECTED | \$ | 2,085.00 |
| Sales Tax (if App) @ 6.5 % | \$ | 135.53 |
| TOTAL OF SPECIAL CHARGES | \$ | |
| CASH ADVANCES | \$ | 2,042.00 |
| TOTAL OF ALL SECTIONS | \$ | 6,252.53 |
| PAID AT TIME OF OR PRIOR TO SERVICE | \$ | |
| Less: | \$ | |
| BALANCE DUE April 18, 2008 | \$ | 6,252.53 |

Late Charge at the rate of 1.5% per month, 18% annually, will be added after 30 days.

DISCLOSURES

If any law, cemetery or crematory requirements have required an embalming or the purchase of any items, the law or requirement is explained below.

Public visitation with traditional service.
Woodawn Cemetery Regulation.

ACKNOWLEDGMENT AND AGREEMENT

I hereby acknowledge that I have the right to arrange the service for the deceased, and I authorize this funeral establishment to perform services, furnish goods, and incur outside charges specified in this Statement. I acknowledge that a Casket Price List and an Outer Burial Container Price List were made available to me and that a copy of the General Price List dated 1/1/2005 was given to me prior to my making financial arrangements.

TERMS OF PAYMENT-When Service is completed.

If any payment is not paid when due, an unanticipated LATE FEE of 1.5% per month (ANNUAL PERCENTAGE RATE 18%) on the unpaid balance will be due. I agree to pay the Balance Due as listed on this Statement, plus any Late Fee. In the event I default in payment to this funeral establishment, I agree to pay reasonable Attorney fees and all court costs in addition to any Late Charge that is applicable. I understand and agree that I am assuming personal liability for all the charges set forth in this Statement, and that this is in addition to the liability imposed by law upon the estate of the deceased. By my signature below, I hereby agree to all of the terms and acknowledge receipt of a signed copy of this Statement.

x _____
Signed _____ Dated 3/11/2008
Social Security Number _____
Linda Gibson
1888 Walnut Hill Park Dr.
Columbus, OH 43232

x _____ 3/11/2008
Co-Signed _____ Social Security Number _____ Dated _____
ACCEPTANCE BY FUNERAL HOME
Our funeral home agrees to provide, or obtain, all the services, merchandise, and other items as indicated on this statement.

Coleman Clark, Jr. License # _____

PROBATE COURT OF Allen COUNTY, OHIO

ESTATE OF Daisie L Gibson 08 DEC -1 PM 1:22, DECEASED

CASE NO. 2008 ES 523

FILED
CLEMENS A. ALLEN, JUDGE
ALLEN COUNTY, OHIO

ENTRY GRANTING SUMMARY RELEASE FROM ADMINISTRATION
[R.C. 2113.031]



The Court finds that the application by Linda L Gibson, satisfies all requirements of R.C. 2113.031 and therefore summarily releases the estate from administration and directs:

- The delivery to the applicant of decedent's personal property set forth in the application with the title to that property.
- That Certificate(s) of Transfer, attached to the application, be issued.

A certified copy of this order together with a certified copy of the application for this order constitutes sufficient authority for a financial institution, corporation or other entity or person referred to in division (A) to (F) of Section 5731.39 of the Revised Code or for a clerk of a Court of Common Pleas to transfer title to the applicant of an asset of the decedent's estate listed in the application.

This order eliminates the need for a financial institution, corporation, or other entity or person to be provided a written consent of the tax commissioner prior to the delivery, transfer, or payment to the applicant of an asset of the decedent's estate listed in the application.

This order eliminates the duty of all persons to file an Ohio Estate Tax Return exclusively for the assets listed in the application.

DEC - 1 2008
Date

[Signature]
PROBATE JUDGE