PROBATE COURT OF ALLEN COUNTY, OHIO GLENN H. DERRYBERRY, JUDGE

EST	TATE OF Wand	la J. Hohlbein	DECEASED		
	SE NO. <u>2017E</u> 525		ALERCOLAND PM 3: 20		
	APPLICATION F	FOR SUMMARY RELEASE FRO [R.C. 2113.031]	M ADMINISTRATION		
Appl	icant states that decedent	died on May 11, 20	17		
Dece	edent's domicile was \sqrt{a}	namest of Delphos) Street Address	425 E. Fifth St.		
	Deiphos r Village, or Township if unincor		Allen		
City o	r Village, or Township if unincor	porated area	County		
Post C	Office	O H State	<u>45833</u> Zip Code		
[Che	ck one of the following]		Zip Code		
	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 and amount not exceeding \$5,000 for decedent's funeral and burial expenses				
X	decedent's funeral and	ot the surviving spouse, has paid or i burial expenses and the value of the t's funeral and burial expenses.	is obligated in writing to pay assets is the lesser of \$5,000 or		
obliga	hed hereto is a receipt, co ation to pay decedent's fui repayment receipt, if appli	ontract or other document that confirm neral and burial expenses or if the ag cable.	ns the applicant's payment or oplicant is the surviving spouse,		
The c	lecedent's surviving spous ned Form 1.0.	se, next of kin, legatees and devisee	s known to applicant, are listed on		
Applion or reli	cant states that there are relief of decedent's estate from	no pending proceedings for the admi om administration under R.C. 2113.0	nistration of the decedent's estate		
All kn	own assets with date of d	eath values or the estate are as folio	ws:		
	Motor Vehicles (include number and Certificate	year, make, model, body type, mane of Title number)	ufacturer's vehicle identification		
	-	A1.	\$		
			¢		

•	TO SATE	ED Corus	
X	Accounts maintained by a Financial Institution (include financial account's complete identifying number):	Linstitution name	and the
	Primerica (non-retirement account)	_	\$ 4,604.67
		01119	\$
	Stocks and Bonds (include for each stock or bond its serial nunname and address of its transfer agent, and the total number of		
			\$
			\$
	Real estate described in accompanying Form 12.0 Application Form 12.1 Certificate of Transfer and date of death value. [Atta		
	Other appets and date of death values		Ψ
	Other assets and date of death values		
	1000 10		_ \$
		Total Assets	\$4,604.67
Appli	licant requests an order granting summary release.		
•		1	
Attorn	ney for Applicant Appl	icant's Signature	llenhou
	LK	A M. MULC	ENHoun
Typed	d or Printed Name App	icant's Typed or Prir	
Street	et Address Stre	Ct / (dd/C55	upod hane
City	State Zip Code City	ima OH State	<u>4580</u> 5 Zip Code
-		(49) 331-1	
Phone	e Number (include area code) Pho	ne Number (include	area code)
Attorr	ney Registration No		
Signe	ned and acknowledged by the applicant in my presence this $\cancel{13^{11}}$	day of June	,
017		g	,
	N ota	Wisty Lary Public/Deputy Cle	lummer

CASE NO.