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

EST/	ATE OF Sharon K. Johnson	2011 OG 1 17) (I ₁)]	DECEASED				
	E NO. 2017ES 406	Schaller Carry Towns of the Carry Ca	www. DNO				
A	PPLICATION FOR SUMMAR	Y RELEASE FROM ADI	MINISTRATION				
Applicant states that decedent died on		06/16/2016					
Deced	dent's domicile was	714 E. Lane Ave.					
	Lima, City or Village, or Township if unincorporated a	2000	Allen County				
	Only of Village, of Township II drillicorporated a		•				
	Post Office	OH State	45801 Zip Code				
[Chec	ck 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 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 spunctured and burial expenses and the valuedecedent's funeral and burial expenses.						
to pay	hed hereto is a receipt, contract or other do y decedent's funeral and burial expenses ot, if applicable.						
	decedent's surviving spouse, next of kin, le	egatees, and devisees known to a	pplicant, are listed on the				
	cant states that there are no pending proce dent's estate from administration under R. C		cedent's estate or relief of				
All kn	own assets with date of death values of the	estate are as follows:					
	Motor Vehicles (include year, make, mod and Certificate of Title number):	del, body type, manufacturer's veh	nicle identification number				
			<u> </u>				
			\$				

		CASE NO					
	Accounts maintained by a Financial Institution (include financial institution name and the account's complete identifying number):						
					\$		
	. =						
					_\$		
				d its serial number, the name of its iss f shares of stocks or bonds):	suer, the name and		
					_\$		
					\$		
				2.0 Application for Certificate of Trans ach verification of value.]	fer and Form 12.1 \$ 30,550.00		
	Other assets and date	of death val	lues				
					_\$		
			···		_\$		
				Total Assets	\$30,550.00		
Applica	nt requests an order gra	nting summa	ry release.	Lawence Johns			
Attorney	for Applicant			Applicant's Signature			
Christo Typed or	pher R. Orr Printed Name			Lawrence Johnson Applicant's Typed or Printed Name			
36 W. Street Ac	Main St. Idress			714 E. Lane Ave. Street Address			
Ce		H ate	43011 Zip Code	Lima City State	45801 Zip Code		
	(844) 262		L,p 0000	(_)419,222.1641	2:p 0000		
Phone N	umber (include area code)	X.= - /		Phone Number (include area code)			
Attorney	Registration No.	0095301					
Signed	and acknowledged by t		CHINOKESENCE th	is 10th day of October	<u>r ,2019</u> .		
	* N	y Commission of the commission	n Expires	Notary Public Deputy Clerk	autn_		