

FILED  
PROBATE COURT  
19 MAR -9 AM 10:55

PROBATE COURT OF Allen COUNTY, OHIO  
\_\_\_\_\_, JUDGE

ESTATE OF BETTY Louise HERBST, DECEASED

CASE NO. 2018 ES 108

GLENN H. DEER, JUDGE  
ALLEN COUNTY, OHIO

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

Applicant states that decedent died on MARCH 16, 2018.

Decedent's domicile was 810 Heritage DR.  
Street Address

LIMA Allen  
City or Village, or Township if unincorporated area County

OHIO 45804  
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 allowance for support under R.C. 2106.13(B) plus an amount not exceeding \$5,000 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 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 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)  
None \$  
\$

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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

Western & Southern Life Insurance Policy # 2310218 \$ 1008<sup>00</sup>

Total Assets \$ 1008<sup>00</sup>

Applicant requests an order granting summary release.

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

Michael M. Herbst  
Applicant's Signature

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

MICHAEL M. HERBST  
Applicant's Typed or Printed Name

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

810 Heritage DR  
Street Address

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

LIMA OHIO 45804  
City State Zip Code

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

419-234-1243  
Phone Number (include area code)

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

Signed and acknowledged by the applicant in my presence this 9<sup>th</sup> day of April, 2018.

[Signature]  
Notary Public/Deputy Clerk