

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

FILED
PROBATE COURT
2018 SEP -6, PM 1:54
GLENN H. DERRYBERRY, JUDGE
ALLEN COUNTY, OHIO

ESTATE OF Evelyn ^{NMM} Kirkman
CASE NO. 2018 ES 299

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

Applicant states that decedent died on 7-18-18

Decedent's domicile was 804 S Mummaugh Rd
Street Address

Limn Ohio 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 and 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 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 the decedent's estate or relief of decedent's estate from administration under R.C. 2113.03.

All known assets with date of death values or the estate are as follows:

- Motor Vehicles (include year, make, model, body type, manufacturer's vehicle identification number and Certificate of Title number)
- _____ \$ _____
- _____ \$ _____

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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 Policy # 0-6964325 \$ 2,000.00

Total Assets \$ 2,000.00

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.

Aileen M Moening
Applicant's Signature

Aileen M Moening
Applicant's Typed or Printed Name

2563 LAKEWOOD AVE
Street Address

Lima OH 45805
City State Zip Code

(419) 233-1681
Phone Number (include area code)

Signed and acknowledged by Applicant in my presence this 30th day of August, 2018.



AILEEN M MOENING
Notary Public, State of Ohio
My Commission Expires
August 17, 2019

Aileen M Moening
Notary Public/Deputy Clerk