| PROBATE COURT OF Alley COUNTY, OHIO |
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| ESTATE OF BEN MICHAEL JOHNSON JV., DECEASED |
| CASE NO. 2013 ES 303 |
| APPLICATION FOR SUMMARY RELEASE FROM ADMINISTRATION [R.C. 2113.031] |
| Applicant states that decedent died on JUNE 16, 2013 |
| Decedent's domicile was 1351 Chestury St. |
| City or Village, or Township if unincorporated area |
| Post Office State County Post Office State County Co |
| |
| [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 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) |
| <u> </u> |

| CASE NO. |
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| ancial Institution (include financial institution name and the |
| g number): |
| 1 00 del 11 Charles 270 - 1890 28 |
| Gredit Useron, Cheing 3205-129, 37 3. |
| 4 00001-4017 00. |
| or each stock or bond its serial number, the name of its |
| f its transfer agent, and the total number of shares of stocks |
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| \$ |
| \$ |
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| panying Form 12.0 Application for Certificate of Transfer Transfer and date of death value. [Attach verification of |
| \$ |
| |
| values |
| c |
| Ψ |
| Total Assets \$ |
| |
| mmary release. |
| (ana Solinson |
| Applicant's Signature |
| Cenatohnson |
| Applicant's Typed or Printed Name |
| |
| 1351 Chestruf St. Street Address |
| |
| Lima 0410 45804 |
| e City State Zip Code |
| 419-204-0623 |
| Phone Number (include area code) |
| |
| |
| 1272 |
| ant in my presence thisday of |
| |
| Time Marin |
| NotaryPublic/DeputyClerk |
| |