PROBATE COURT OF ALLEN COUNTY, OHIO

EST	ATE OF	JOHN R. I	ENGLAND	PROBAL DECEASED	
Case		COESIGI Summer Colors Company Public Company Public Company Public Company Public Summer Public Summ		PROBATE DECEASED OLENNA SAMIO: 11	
	APPLI	I KOW ADW	NISTRATIO	NLLLASE: July	
Applic	cant states that deced	ent died on <u>Noveml</u>	per 14, 2019		
Dece	dent's domicile was <u>47</u>	60 Delong Road			
	Shaw	nee Township	Street Addres	Allen	
		wnship if unincorporated area		County	
	Lima Post Of		Ohio State	45806 Zip Code	
[Chec	k one of the followir	ng]		2.0	
	The applicant is decedent's surviving spouse entitled to one hundred percent of the allowance 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.				
obligat	ed hereto is a receipt, ion to pay decedent's ment receipt, if applic	funeral and burial expen	ent that confirms t ses or if the applic	he applicant's payment or ant is the surviving spouse, the	
The de	ecedent's surviving spo ed Form 1.0.	ouse, next of kin, legatee	s and devisees kn	own to applicant, are listed on	
Applica elief o	ant states that there are feedent's estate from	re no pending proceeding om administration under l	gs for the administ R.C. 2113.03.	ration of decedent's estate or	
All kno	wn assets with date o	f death values of the esta	ite are as follows:		
	Motor Vehicles (inclu- number and Certifica	de year, make, model, bo te of Title number)	ody type, manufac	turer's vehicle identification	
				 \$	
				\$	

Case No.

	Accounts maintained by a Financial Institution (include financial institution name complete identifying number):	ne and the account's
		\$
		\$
	Stocks and Bonds (include for each stock or bond its serial number, the name name and address of its transfer agent, and the total number of shares of stocks.)	of its issuer, the cs or bonds):
		\$
		\$
×	Real estate described in accompanying Form 12.0 Application for Certificate of 12.1 Certificate of Transfer and date of death value. [Attach verification of value]	
	Other assets and other date of death values	\$40,450.00
	and and other date of death values	_
		
9		
	Total Assets	40,450.00
_ /	cant requests an order granting summary release. September 1	ngland
Courtne Typed o	ey W. Burton Gloria A. England r Printed Name Typed or Printed Name	0
15 Willi	pie Street, Suite 300, PO Box 299 4760 Delong Road	,
Wapako	oneta, Ohio 45895 Lima, Ohio 45806	
419-738 Phone N	3-8165 419-221-2254 Phone Number (include area code)	
Attorney	Registration No. 0064916	
Signed	and acknowledged by the applicant in my presence this day of	<u>June</u> ,
Á	Notary Public/Deputy Clerk Kim Shafer, Motary Public	