	PROBATE COUR	T OF Allen	COUNTY, OHO		
			20 APR LE COURT		
EST	ATE OF	fildred (no middle name) Nichols	COUNTY, OF LOD 20 APR 13 OLEMN 11. DE AM DESEASED		
	ENO. 2020-ES- 13		COINGERS.		
CAS	E NO ~ U 20 23 13	9	GLENN IS AM BEGFASED		
		:	شخن		
	APPLICATION FOR SUI	MMARY RELEASE FR [R.C. 2113.031]	OM ADMINISTRATION		
Applicant states that decedent died on		Ma	y 16, 2019		
Decedent's domicile was		2221 N. Glenwo	od Ave		
		Street Addre	ess		
Lima	A00		Allen		
City or	Village, or Township if unincorporated are		County		
Post C	Office	Ohio State	45805		
	ck one of the following]	State	Zip Code		
	The applicant is decedent's surviving spouse entitled to one hundred percent of the allowance for support ar decedent's funeral and burial expenses have been prepaid or the surviving spouse has paid or is obligated writing to pay decedent's funeral and burial expenses and the value of the assets does not exceed the \$40,00 allowance for support under R.C. 2106.13(b) plus an amount not exceeding \$5,000 for decedent's funeral arburial expenses.				
X	The applicant, who is not the survivand burial expenses and the value and burial expenses.	ring spouse, has paid or is oblig of the assets is the lesser of \$5	gated in writing to pay decedent's funeral ,000 or the amount of decedent's funeral		
pay d	hed hereto is a receipt, contract or e ecedent's funeral and burial expens licable.	other document that confirms t ses or if the applicant is the sur	the applicant's payment or obligation to rviving spouse, the prepayment receipt,		
The d Form	ecedent's surviving spouse, next of 1.0.	kin, legatees and devisees kn	own to applicant, are listed on attached		
Applio deceo	cant states that there are no pendin dent's estate from administration und	ng proceedings for the adminis der R.C. 2113.03	stration of decedent's estate or relief of		
All kn	own assets with date of death valu	es of the estate are as follows	3:		
□ ≈	Motor Vehicles (Include year, mak Certificate of Title number)	e, model, body type, manufact	urer's vehicle identification number and		
			.\$		

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	CASE NO				
	Accounts maintained by a Federal Institut complete identifying number):	ion (include financial institution name an	d the	account's	
			_\$		
	Stocks and Bonds (include for each stock o and address of its transfer agent, and the t	r bond its serial number, the name of its is otal number of shares of stock or bonds):	ssuer,	the name	
			.\$		
	Real estate described in accompanying Form Certificate of Transfer and date of death value	n 12.0 Application for Certificate of Transfe e. (Attach verification of value.)	r and	Form 12.1	
×	Other assets and date of death values:				
	Central Loan Administration & Reporting, escrow	refund check	.\$	1,470.78	
		Total Assets	\$	1,470.78	
Andree Typed of 212 N Street Lima, City (419):	cant requests an order granting summary release y for Applicant a M. Brown or Printed Name Elizabeth Street, Suite 410 Address Ohio 45801 State Zip Code 228-7640 one Number (include area code) y Registration No. 0089451	Applicant Angela Gaines 718 Mackenzie Drive Lima, Ohio 45805 (419) 229-5101			
Signe	d and acknowledged by the applicant in my pres KATHLEEN FREYTAG Notary Public, State of Ohio My Commission Expires March 31, 2025	sence thisday of		., 20 <u>20</u>	