PROBATE COURT OF ALLEN COUNTY, OHIO PROBATE COUNTY, OHIO PRO

	•	20.11" " COLLET
ESTATE OF PATSY L. DAVIES		
CASE NO. <u>2020E5233</u>		ALLEW ARY 10: 53
	•	COUNTY

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

	[R	.C. 2113.031]	
Appl	icant states that decedent died on	May 1, 2020	
Decedent's domicile was Bluffton City or Village, or Township if unincorporated		133 Westland Drive	
		Allen	
	Post Office	Ohio State	45817 Zip Code
[Ch	eck one of the following]		
⊠	The applicant is decedent's surviving sponsupport and decedent's funeral and buria paid or is obligated in writing to pay decasets does not exceed the \$40,000 allow exceeding \$5,000.00 for decedent's funeral	I expenses have been prepaid bedent's funeral and burial extract of the support under R.C. 2	d or the surviving spouse has xpenses and the value of the
	The applicant, who is not the surviving sp funeral and burial expenses and the value decedent's funeral and burial expenses.	oouse, has paid or is obligated e of the assets is the lesser of	d in writing to pay decedent's of \$5,000.00 or the amount of
to p	ched hereto is a receipt, contract or other do ay decedent's funeral and burial expenses o ipt, if applicable.	ocument that confirms the apport if the applicant is the survivo	dicant's payment or obligation ving spouse, the pre-payment
The attac	decedent's surviving spouse, next of kin, le	gatees, and devisees known	to applicant, are listed on the
Appi dece	licant states that there are no pending procee edent's estate from administration under R. C.	edings for the administration o	f decedent's estate or relief of
All k	nown assets with date of death values of the ϵ	estate are as follows:	
	Motor Vehicles (include year, make, mode and Certificate of Title number):	el, body type, manufacturer's	vehicle identification number
			\$
			\$

	CASE NO				
×	Accounts maintained by a Financial Institution (include financial institution name and the account's completed identifying number):				
Citizens	s National Bank Account No. 1223155		\$	2,328.15	
			\$		
	Stocks and Bonds (include for each stock or address of its transfer agent, and the total num		ne of its issuer,	the name and	
			\$		
			\$		
	Real estate described in accompanying Form 12.0 Application for Certificate of Transfer and Form 1 Certificate of Transfer and date of death value. [Attach verification of value.]				
\boxtimes	Other assets and date of death values				
Refund	Check from United Healthcare to Estate of	Patsy L. Davies	\$	14.70	
			\$_		
		Tot	al Assets \$	2.342.85	
Applicant	t requests an order granting summary release.	Mrss and O	Harri	OS	
Attorney fo	••	Applicant's Signature		, v	
Amy D. Typed or P	Himmelrick rinted Name	Morgan Å. Davies Applicant's Typed or Printed Nam	ne		
15A Nor Street Add	rth Franklin Street ress	133 Westland Drive Street Address		<u> </u>	
De	laware OH 43015 City State Zip Code	Bluffton	Ohio	45817	
	City State Zip Code (740) 417.4482	City (419) 358-6395	State	Zip Code	
	nber (include area code)	Phone Number (include area cod	e)		
Attorney Re	egistration No	_			
Signed a	nd acknowledged by the applicant in my presen	ce this 29 day of	Tine	,2020	
	My Commission Exp	e of Ohio Notary Public/Deputy Clerk	FRATION TRATION		



ANDREW L. R. 1844.
Notion Public State of This re-[Mr. Lombussion Explict March 17, 7023

Letter