PROBATE COURT OF ALLEN COUNTY, OHIO TODD E. KOHLRIESER, JUDGE

| | .) - | |
|------------------|---|--|
| ESTA | te of <u>Karen Ul Kilhl</u> | 2021 HAY 10 PM 1: 20 DECEASED |
| CASE | NO. <u>2021 ES 245</u> | 76g2 * |
| | | COURT OF A STATE |
| | APPLICATION FOR SUMMARY RELEASE | FROM ADMINISTRATION |
| | [R.C. 2113.031] | |
| Applica | ant states that decedent died on $02/10/206$ | λ [|
| Decede | ent's domicile was 115 E. COULGE QUE. | APT D |
| T | Street Address | Allon |
| City or \ | /illage, or Township if unincorporated area | County |
| Blu7 Post Off | Ffon Post Office OH State | H 58 17 Zip Code |
| | one of the following] | Lip Cods |
| | The applicant is decedent's surviving spouse entitled to or support and decedent's funeral and burial expenses have paid or is obligated in writing to pay decedent's funeral and does not exceed the \$40,000 allowance for support under exceeding \$5,000 for decedent's funeral and burial expense. | been prepaid or the surviving spouse has d burial expenses and the value of the assets R.C. 2106.13(B) plus and amount not |
| N | The applicant, who is not the surviving spouse, has paid of funeral and burial expenses and the value of the assets is decedent's funeral and burial expenses. | |
| | ed hereto is a receipt, contract or other document that confi cedent's funeral and burial expenses or if the applicant is to ble. | |
| The de Form 1 | cedent's surviving spouse, next of kin, legatees and devise .0. | ees known to applicant, are listed on attached |
| | ant states that there are no pending proceedings for the addent's estate from administration under R.C. 2113.03. | ministration of the decedent's estate or relief of |
| All know | wn assets with date of death values or the estate are as fol | lows: |
| Þ | Motor Vehicles (include year, make, model, body type, macertificate of Title number) | anufacturer's vehicle identification number and |
| C | 2003 Cherrolet Impala | \$ 3,452 · 00 |
| | Vin# aG/WH52K339449819 | \$ |
| 0 | ert. of Title # 0201505288 | |

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| | Accounts maintained by a Financial Institution (include financial institution name and the account's complete identifying number): | | |
|-------------|--|-------------------|--|
| | | \$ | |
| | | \$ | |
| П | 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 s | tocks or bonds): | |
| | | \$ | |
| | | \$ | |
| | Real estate described in accompanying Form 12.0 Application for Certificate of Form 12.1 Certificate of Transfer and date of death value. [Attach verification | | |
| | Other assets and date of death values | | |
| | | \$ | |
| | Total Assets | \$0.00 345Q C | |
| Attorney | r Printed Name Krystle Gla Applicant's Typed or Pri | | |
| Street A | ddress Street Address **RILL to n () () | 1CU | |
| City | State Zip Code City State | Zip Code | |
| Phone N | Iumber (include area code) HIV-334-340 Phone Number (include | area code) | |
| Attorne | y Registration No | | |
| Signed 2021 | and acknowledged by the applicant in my presence this 13 day of May For Krystle M. Slaughter beck Notary Public/Deputy Ck | 2021 2. erk | |
| S /A TE OF | 5.10 APPLICATION FOR SUMMARY RELEASE FROM ADMINISTRATION Eff. Date March 1, 2008 | | |