

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

David D. Bushong aka David Dwan Bushong

ESTATE OF _____

CASE NO. 2021 ES 381

FILED
2021 AUG 24 AM 9:32
CLERK OF PROBATE
TODD E. KOHLRIESER, JUDGE

DECEASED

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

Applicant states that decedent died on 04/20/2017

Decedent's domicile was 760 S. Broadway
Street Address

Lima Allen
City or Village, or Township if unincorporated area County

Ohio 45804
Post Office State Zip Code

[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 \$5,000.00 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 \$5,000.00 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 pre-payment receipt, if applicable.

The decedent's surviving spouse, next of kin, legatees, and devisees known to applicant, are listed on the 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):

\$ _____

\$ _____

CASE NO. _____

Accounts maintained by a Financial Institution (include financial institution name and the account's complete identifying number):

_____ \$ _____
_____ \$ _____

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 stocks or bonds):

_____ \$ _____
_____ \$ _____

Real estate described in accompanying Form 12.0 Application for Certificate of Transfer and Form 12.1 Certificate of Transfer and date of death value. **[Attach verification of value.]** \$ 900.00

Other assets and date of death values

_____ \$ _____
_____ \$ _____

Total Assets \$ 900.00

Applicant requests an order granting summary release.



Attorney for Applicant

Robert H. Meyer, IV

Typed or Printed Name

212 N. Elizabeth Street, Suite 400

Street Address

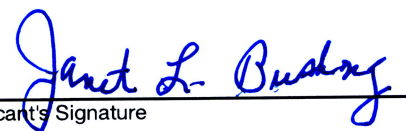
Lima Ohio 45801

City State Zip Code

(419) 228-1064

Phone Number (include area code)

Attorney Registration No. 0090092



Applicant's Signature

Janet L. Bushong

Applicant's Typed or Printed Name

3520 Shawnee Road

Street Address

Lima Ohio 45806

City State Zip Code

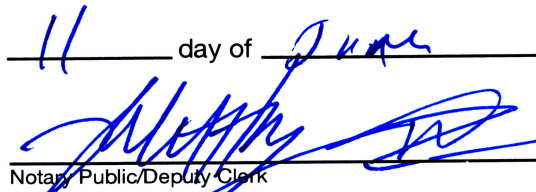
(410) 236-3572

Phone Number (include area code)

Signed and acknowledged by the applicant in my presence this _____ day of _____, 2021



ROBERT H. MEYER IV
Notary Public, State of Ohio
My Commission
Does Not Expire



Notary Public/Deputy Clerk