

PROBATE COURT OF Allen
Todd Kohlrieser, JUDGE

COUNTY, OHIO

FILED
2023 APR 14 AM 10:31
TODD KOHLRIESER, JUDGE
CLERK OF PROBATE
ALLEN COUNTY, OHIO

ESTATE OF Barbara Lee Davis Maze, DECEASED

CASE NO. 2023 ES 00166

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

Applicant states that decedent died on 10/1/2022

Decedent's domicile was 400 Ashwood Ave

Lima Street Address

Allen City or Village, or Township if unincorporated area

Ohio State

45801 County Zip Code

Post Office

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 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.

Attached hereto is a receipt, contract or other document that confirms the applicants payment or obligation to pay decedent's funeral and burial expenses or if the applicant is the surviving spouse, the prepayment receipt, if applicable.

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

\$

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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.] \$ _____

Other assets and date of death values

Universal Life Ins Policy- want to take over ownership of policy \$ 0.00

Total Assets \$ 0.00

Applicant requests an order granting summary release.

Attorney for Applicant

X Nichole Maze
Applicant's Signature

Typed or Printed Name

Nichole Maze
Applicant's Typed or Printed Name

Street Address

1475 Edgewood Dr. Apt I4
Street Address

City State Zip Code

Lima OH 45805
City State Zip Code

Phone Number (include area code)

419-604-0953
Phone Number (include area code)

Attorney Registration No.

Signed and acknowledged by the applicant in my presence this 11th day of April, 2023.



ANN MEIRING
Notary Public, State of Ohio
My Commission Expires
03-2024

[Signature]
Notary Public/Deputy Clerk