

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

ESTATE OF MAGDALENE LYONS, DECEASED
CASE NO 2023 ES 423 AKA MAGDALENE BETH LYONS

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

Applicant states that decedent died on MARCH 7, 2016

Decedent's domicile was 120 GLENRARY RD
Street Address

LIMA
City or Village, or Township if unincorporated area

ALLEN
County

Post Office OHIO
State

45805
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 and 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 applicant's 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 the decedent's estate or relief of decedent's estate from administration under R.C. 2113.03.

All known assets with date of death values or the estate are as follows:

- Motor Vehicles (include year, make, model, body type, manufacturer's vehicle identification number and Certificate of Title number)

_____ \$ 0

_____ \$ _____

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 COURT OF COMMON PLEAS
 ALLEN COUNTY, OHIO

Accounts maintained by a Financial Institution (include financial institution name and the account's complete identifying number):
_____ \$ 0
_____ \$ _____

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):
_____ \$ 0
_____ \$ 0

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.]**
_____ \$ 0

Other assets and date of death values
MACY'S BENEFIT PAYMENT \$ 4455.01
Total Assets \$ 4455.01

Applicant requests an order granting summary release.

Attorney for Applicant

Typed or Printed Name

Street Address

City State Zip Code

Phone Number (include area code)

Attorney Registration No.

Jeffrey Lyons
Applicant's Signature
JEFFREY L. LYONS
Applicant's Typed or Printed Name
1802 LAKEWOOD AVE
Street Address
LIMA OH 45805
City State Zip Code
419 235 5371
Phone Number (include area code)

Signed and acknowledged by the applicant in my presence this 13th day of October, 2023.

[Signature]
Notary Public/Deputy Clerk