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



ESTA	TE OF Raigh	Barnett	Shears	, DECEASED
CASE	NO. 2024 ES 2 0 4			ILEU
0,101		SUMMARY RELEASE [R.C. 2113.031]	FROM ADMINIST	MAY 2 9 2024 TODD E. KOHLRIESEK, JUDGE RATION PROBATE DIVISION COURT OF COMMON PLEAS ALLEN COUNTY, OHIO
Applica	ant states that decedent died on _	January 20	2024	·
Deced	ent's domicile was 799	S. Main Str Street Address	eet	
City or	Village, or Township if unincorporate	d area		County
		Oh 10 State		45804 Zip Code
Post O	rice k one of the following]	S. C.		
	The applicant is decedent's sur support and decedent's funeral paid or is obligated in writing to does not exceed the \$40,000 a exceeding \$5,000 for decedent	and burial expenses have pay decedent's funeral a allowance for support under t's funeral and burial expe	e been prepaid of the s nd burial expenses and er R.C. 2106.13(B) plus nses.	I the value of the assets and amount not
	The applicant, who is not the s funeral and burial expenses ar decedent's funeral and burial expenses.	id the value of the assets	or is obligated in writin is the lesser of \$5,000	g to pay decedent's or the amount of
Attack pay d applic	ned hereto is a receipt, contract on ecedent's funeral and burial expensable.	or other document that cor enses or if the applicant is	firms the applicant's pa the surviving spouse, t	ayment or obligation to he prepayment receipt, if
Form				
Appli dece	cant states that there are no pend dent's estate from administration	ding proceedings for the a under R.C. 2113.03.	dministration of the dec	cedent's estate or relief of
All kr	own assets with date of death va			
	Motor Vehicles (include year, Certificate of Title number)	make, model, body type,	manufacturer's vehicle	identification number and
				\$
				\$

K	Accounts maintained by a Financial Institution (include financial institution name and the complete identifying number):	e account's
	StateBankand Trust Company - 221274	\$190.04
П	Stocks and Bonds (include for each stock or bond its serial number, the name of its issues	_ \$
	and address of its transfer agent, and the total number of shares of stocks or bonds):	der, the name
		_ \$
	Real estate described in accompanying Form 12.0 Application for Certificate of Transfe Certificate of Transfer and date of death value. [Attach verification of value.]	\$ r and Form 12.1
		\$
	Other assets and date of death values	
		_ \$
	Total Assets	\$
Appli	cant requests an order granting summary release.	
Attorn	ney for Applicant Applicant's Signature	pt
	Blonda K.C	Briffith
Typed	d or Printed Name Applicant's Typed or Pri	ofer DK
Street	t Address Street Address	WHY DIC
City	State Zip Code City State)
Phone	e Number (include area code) (202) 277 (Phone Number (include	0854
	ney Registration No bkg 06 28 Q (anea code, anti-com
Atton	J v	201 00111
Signe	ed and acknowledged by the applicant in my presence this Athan day of	_2004
	Notary Public/Deputy C	<u>Uman</u>