

PROBATE COURT OF ALLEN COUNTY, OHIO
Todd E. Kohlrieser, Judge

ESTATE OF Melinda LeeAnn Jones aka Melinda L. Jones, DECEASED
CASE NO. 2024 ES 315

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

FILED

Applicant states that decedent died on May 27, 2022

Decedent's domicile was 1037 E. North Street
Street Address

Lima
City or Village, or Township if unincorporated area

AUG 29 2024
TODD E. KOHLRIESER, JUDGE
PROBATE DIVISION
COURT OF COMMON PLEAS
ALLEN COUNTY, OHIO

Ohio 45804
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):

\$ _____

\$ _____

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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.]** \$ 13,450.00

Other assets and date of death values

_____ \$ _____

_____ \$ _____

Total Assets \$ 13,450.00

Applicant requests an order granting summary release.



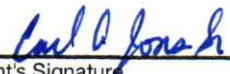
Attorney for Applicant
Robert H. Meyer, IV
Typed or Printed Name

121 W. High Street, Suite 602
Street Address

Lima Ohio 45801
City State Zip Code

(419) 228-1064
Phone Number (include area code)

Attorney Registration No. 0090092



Applicant's Signature
Carl A. Jones, Sr.
Applicant's Typed or Printed Name

1037 E. North Street
Street Address

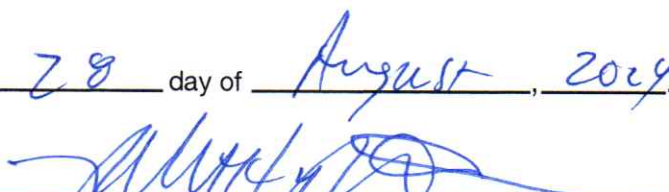
Lima Ohio 45804
City State Zip Code

(419) 549-2890
Phone Number (include area code)

Signed and acknowledged by the applicant in my presence this 28 day of August, 2024.



Robert H. Meyer, IV
Attorney at Law
My Commission Does Not
Expire Pursuant to ORC §147.03



Notary Public/Deputy Clerk

Form 5.10 - APPLICATION FOR SUMMARY RELEASE FROM ADMINISTRATION