PROBATE COURT OF ALLEN COUNTY, OHIO TODD E. KOHLRIESER

ECTAT	re oe	D 0	ALA .		HAOT AKA TO		FILED		
ESTA		RU		•	HASI AKA RO	NALD LEO POT	HAST ' DECEASED		
Case I	No.	2024	ES	455			DEC 1 0 2024		
							1000 E. KOHLRIESER, JUDOS		
		APP	LIC	ATION Fron	FOR SU ADMINIS [R.C. 2113.03	SIKATION	PROBATE DIVISION ELEAS E COMMON PLEAS OUNTY, OHIO		
Applica	int states	that dec	edent	died on _	October 4, 202	<u>24</u> .			
Decede	ent's dom	nicile was	<u>521</u> :	South Pier	rce Street				
			De	lphos		Street Address	Allen		
	City	or Village, c			orporated area	_	County		
		De	elphos	·		Ohio	45833		
		Pot	t Office	1		State	Zip Code		
(Check	one of	the follo	wing]						
X	The applicant is decedent's surviving spouse entitled to one hundred percent of the allowance 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.								
	deceder	plicant, who is not the surviving spouse, has paid or is obligated in writing to pay nt's funeral and burial expenses and the value of the assets is the lesser of \$5,000 or the of decedent's funeral and burial expenses.							
obligat	ed heret ion to pa ment rec	y deced	ent's f	uneral and	or other docur d burial expense	ment that confirm s or if the applica	s the applicant's payment c int is the surviving spouse, th		
	ecedent's ed Form		g spo	use, next	of kin, legatees	and devisees kno	own to applicant, are listed o		
					ding proceeding tration under R.C		tration of decedent's estate of		
All kno	wn asse	ts with da	ate of	death valu	ues of the estate	are as follows:			
	Motor \	Vehicles and Cer	(inclu tificate	ide year, e of Title n	make, model, l iumber)	oody type, manuf	facturer's vehicle identificatio		
							<u> </u>		

Case No. 2024 ES 455

	Accounts maintained by a Financial Institution (include financial instit complete identifying number):	s		
			\$ \$	
	Stocks and Bonds (include for each stock or bond its serial number name and address of its transfer agent, and the total number of share	er, the nan	ne of its s or bon	issuer, the ds):
			\$	
X	12.1 Certificate of Transfer and date of death value.	ertificate o	f Transfe	er and Form 40,100.00
	[Attach verification of value]		¥	40,100.00
	Other assets and other date of death values		¢	
			. *	
•			. \$	
	Tot	al Assets	\$	40,100.00
	licant requests an order granting summary release. Applicant Applicant Applicant	ne <i>f</i>	ath	1127
Nict	nolas J. Clark Martha Jane	Pothast Al	(A M. Ja	ne Pothast
	d or Printed Name W. Second Street, PO. Box 304 521 South Pic		t	
Addr		45833		
419	-692-9055 419-692-626			
Phor	ne Number (Include area code) Phone Number (I	nclude area o	;ode)	
Atton	ney Registration No. <u>0041845</u>			
Sig this	ned and acknowledged by the applicant	in		presence
	Notary Public/Deput	y Clerk		