

IN THE COMMON PLEAS COURT OF ALLEN COUNTY, OHIO

PROBATE DIVISION
GENERAL ESTATE CHECKLIST

**PLEASE NOTE: THIS CHECKLIST IS PROVIDED AS A GENERAL REFERENCE AND COURTESY. THIS LIST MAY NOT INCLUDE EVERY DOCUMENT NEEDED FOR THE COMPLETION OF AN ESTATE IN ALLEN COUNTY PROBATE COURT.*

*IF YOU SEEK ADDITIONAL INFORMATION, PLEASE CONTACT AN ATTORNEY**

Transfer of Real Estate Only/ Misc. Cases

CASE INITIATION

____ Death Certificate
____ Decedent must have been a resident of Allen County at time of death
____ Full legal name of decedent ** includes full middle name and any possible A.K.A.'s the decedent had
____ Addresses including zip codes & phone numbers for Fiduciaries and Attorneys Security deposit for costs:
____ Transfer of Real Estate Only \$47
____ Transfer of Real Estate only with Probate of Will \$92
____ Release of Medical Records/Open Safe Deposit Box \$50

PROBATE OF WILL (if applicable)

____ Form 2.0 Application to Probate Will
____ Original Last Will and Testament
____ Will must be signed & dated by testator and witnessed by two persons
____ All forms are signed by fiduciary and/or attorney (NO digital signatures)
____ Form 1.0 Surviving spouse, Next of Kin, Children, Legatees and Devisees
____ (All beneficiaries named in Will must be listed on Page 2 of Form 1.0)
____ Form 2.3 Entry Admitting Will to Probate

____ Surviving spouse, persons who would be entitled to inherit under R.C. Chapter 2105 if testator had died
Intestate, and all legatees and devisees named in will either need to:

1.) Receive Form 2.2 - Notice of Probate of Will
(If Notice of Probate of Will was issued, copy of Notice and signed certified mail card or print out from USPS to be filed
(SupR 59; CivR 73))

AND/OR

2) sign Form 2.1- Waiver of Probate of Will
(Minors age 16 & 17 cannot waive or have anyone waive for them, they MUST receive notice)

____ Form 2.4 Certificate of Service of Notice of Probate of Will

TRANSFER OF REAL ESTATE PROCEEDINGS

____ Supplemental Affirmation to Application for Certificate of Transfer
____ Photocopy of current deed
____ Verification of Value (CAV or Appraisal)
____ Form 12.0 Application for Certificate of Transfer
____ Mark testate or intestate
____ One of three boxes MUST be checked regarding payment of debts
____ Box must be marked stating no administration being filed or contemplated
____ One box must be marked to determine what transfer is pursuant to
____ Form 12.1 Certificate of Transfer
____ Testate or intestate box/ applicable paragraphs must be completed

RELEASE OF MEDICAL RECORDS

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|-------|-----------|--|
| _____ | Form 29.0 | Application to Release Medical Records and Medical Billing Records |
| _____ | Form 1.0 | Surviving spouse, Next of Kin, Children, Legatees and Devisees |
| _____ | Form 29.3 | Notice of Application to Release Medical Records and Medical Billing Records |
| _____ | Form 29.4 | Waiver of Notice/Consent |
| _____ | Form 29.1 | Entry Authorizing Release of Medical Records and Medical Billing Records |
| _____ | Form 29.2 | Report on Receipt of Medical Records and Medical Billing Records |

OPEN SAFETY DEPOSIT BOX

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|-------|----------|---|
| _____ | | Application for Appointment of a Commissioner to Report on the Contents of a Safe Deposit Box |
| _____ | Form 1.0 | Surviving spouse, Next of Kin, Children, Legatees and Devisees |
| _____ | | Consents from Next of Kin preferred, but not required (per Judge 8/24/23) |
| _____ | | Report on Contents of Safe Deposit Box |