PROBATE COURT OF Allen COUNTY, OHIO GOVERN Derry bern y JUDGE	
ESTATE OF Nichole Lyn Roether, DECEASED	温
CASE NO. 2013 ES 146	
APPLICATION FOR SUMMARY RELEASE FROM ADMINISTRATION [R.C. 2113.031]	- A
Applicant states that decedent died on March 21, 2013	
Decedent's domicile was 2450 Mandolin Dr Lima Allen	
City or Village, or Township if unincorporated area Ohio Post Office State County 45801 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 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 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)	
N/9	

		CASE NO. 2013 ES 1 4 6
	account's complete identifying numb	nstitution (include financial institution name and the
	brocks and bonds (morade for each	edit Union S S S S S S S S S S S S S
	N/A	\$
		<u> </u>
		g Form 12.0 Application for Certificate of Transfer and date of death value. [Attach verification of
	Other assets and date of death values	
	n)A	\$
		Total Assets \$
	ant requests an order granting summary y for Applicant	Applicant's Typed or Printed Name
Typed o	or Printed Name	Applicant's Typed or Printed Name 412 5, Dang Ave
Street A	ddress	Street Address 1174714 Street Address
City	State Zip Code	$\begin{array}{c ccccc} \hline \text{City} & \text{State} & \text{Zip Code} \\ \hline \hline \text{U} & \text{Q} & \text{O} & \text{Q} & \text{Q} & \text{Q} \\ \hline \end{array}$
Phone N	lumber (include area code)	Phone Number (include around) KIMBERLY COLASANTI
	y Registration Noand acknowledged by the applicant in r	Notary Public, State of Ohi My Commission Expires July 21, 2014
Po	ind acknowledged by the applicant in the second sec	Notary Public/Debuty Clerk