I	PROBATE COURT OF Allen, JUDGE	COUNTY, OHIO			
ESTAT	TE OF Barbara Jeanvaged Jones	, DECEASED 6			
CASE	NO. 2013 ES 94 Tean	The state of the s			
APPLICATION FOR SUMMARY RELEASE FROM ADMINISTRATION [R.C. 2113.031]					
Applicar	nt states that decedent died on <u>December</u> at's domicile was <u>817 W. Ashton 1</u>	23,2012			
Deceden	at's domicile was 817 W. Ashton 1	Aue. "			
	Lima Street Address	Allen			
•	age, or Township if unincorporated area	County 458DI			
Post Office	State	Zip Code			
[Check c	one of the following]				
a t t s	The applicant is decedent's surviving spouse entitled to allowance for support and decedent's funeral and burial exche surviving spouse has paid or is obligated in writing to burial expenses and the value of the assets does not exceed support under R.C. 2106.13(B) plus an amount not exceed funeral and burial expenses.	penses have been prepaid or pay decedent's funeral and ed the \$40,000 allowance for			
C	The applicant, who is not the surviving spouse, has paid or decedent's funeral and burial expenses and the value of the or the amount of decedent's funeral and burial expenses.				
obligation	hereto is a receipt, contract or other document that confirm n to pay decedent's funeral and burial expenses or if the he prepayment receipt, if applicable.				
	dent's surviving spouse, next of kin, legatees and devisees led Form 1.0.	known to applicant, are listed			
	t states that there are no pending proceedings for the admir of decedent's estate from administration under R.C. 2113.03				
Ali know	rn assets with date of death values of the estate are as follow	rs:			
	Motor Vehicles (include year, make, model, body ty dentification number and Certificate of Title number)				
-	1994 Ford Taurus 1FALP534	XR63 1280,00			

			CASE NO	
	Accounts maintained by a Financial Institution (include financial institution name and the account's complete identifying number):			
				\$
				\$
	Stocks and Bonds (include for each issuer, the name and address of its train or bonds):			
				¢
				\$
	Real estate described in accompanyin and Form 12.1 Certificate of Transfe value.] \$			
	Other assets and date of death values			
	omer assets and date of deadi variety			
		· · · · · · · · · · · · · · · · · · ·	\$	
			Total Assets \$	
A1:		1		
Appıı	cant requests an order granting summary		men L. W	hita
Attorn	ey for Applicant	Applicant's Sign	nature	ruce
	· · · · · · · · · · · · · · · · · · ·	Carm	en L. Which are the desired or Printed Name	H
Typed	or Printed Name	Applicant's Typ	ed or Printed Name	
		817	W. Ashtar	1 Aug.
Street	Address	Street Address		
		Limo	i OH	45801
City	State Zip Code	City	State	Zip Code
		110-2	25-9115	** ***********************************
Phone	Number (include area code)	Phone Number	(include area code)	
Attorne	ey Registration No.			
Signe	and acknowledged by the applicant in r	my presence this	1 pt day of all	cKenstor`
		Notar	Publ ic/DeputyCler	k