

PROBATE COURT OF Allon COUNTY, OHIO, JUDGE

FILED  
PROBATE COURT  
14 OCT -6 PM 2:40  
GLENN E. HARRIS, JUDGE  
ALLEN COUNTY, OHIO

ESTATE OF Paul Estelle Hiller, DECEASED

CASE NO. 2014 ES 433

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

Applicant states that decedent died on September 30, 2014

Decedent's domicile was 790 South Main Street Apt 415  
Street Address

Lima Allon  
City or Village, or Township if unincorporated area County

Post Office Ohio 45801  
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 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)

\_\_\_\_\_  
\$  
\_\_\_\_\_

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Accounts maintained by a Financial Institution (include financial institution name and the account's complete identifying number):  
State Bank and Trust Checking/Savings \$ 100.00  
 \$

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.] \$

Other assets and date of death values  
Household Goods \$ 500.00  
 Total Assets \$ 600.00

Applicant requests an order granting summary release.

\_\_\_\_\_  
 Attorney for Applicant  
 \_\_\_\_\_  
 Typed or Printed Name  
 \_\_\_\_\_  
 Street Address  
 \_\_\_\_\_  
 City State Zip Code  
 \_\_\_\_\_  
 Phone Number (include area code)  
 \_\_\_\_\_  
 Attorney Registration No. \_\_\_\_\_

SD Hiller  
 Applicant's Signature  
Steven D. Hiller  
 Applicant's Typed or Printed Name  
333 North Detroit Street #6  
 Street Address  
Kenton Ohio 43326  
 City State Zip Code  
419-673-5315  
 Phone Number (include area code)

Signed and acknowledged by the applicant in my presence this 6<sup>th</sup> day of October, 2014.

Denise K. Woods  
 Notary Public/Deputy Clerk