

PROBATE COURT OF Allen COUNTY, OHIO, JUDGE

FILED
PROBATE COURT
15 AUG -3 AM 9:18
GLENN H. BERRYBERRY, JUDGE
ALLEN COUNTY, OHIO

ESTATE OF David J. Hullbarger, DECEASED

CASE NO. 2015 ES 273

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

Applicant states that decedent died on March 28 2015

Decedent's domicile was 639 W. Ashton
Street Address

City or Village, or Township if unincorporated area Allen
County

Post Office Lima State Ohio Zip Code 45801

[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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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 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:
OPERS - Lump Sum Death Benefit \$ 2,500
286-36-5464
Total Assets \$ 2,500

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.

Denise Lipusch
Applicant's Signature

Denise Lipusch
Applicant's Typed or Printed Name

4400 Lamson Dr.
Street Address

Waterford MI 48329
City State Zip Code

317-289-4393
Phone Number (include area code)

Signed and acknowledged by the applicant in my presence this 28 day of July, 2015.

[Signature]
Notary Public/Deputy Clerk

HELEN M CACERES
Notary Public - Michigan
Oakland County
My Commission Expires Jul 29, 2020
Acting in the County of Oakland