

PROBATE COURT OF ALLEN COUNTY, OHIO

ESTATE OF JONATHAN OCTAVIOUS YOHE DECEASED

Case No.

2015 ES 467

APPLICATION FOR SUMMARY RELEASE
FROM ADMINISTRATION

[R.C. 2113.031]

FILED
PROBATE COURT
15 NOV 25 AM 8:18
GLENDA J. JUDGE
CLERK
ALLEN COUNTY, OHIO

Applicant states that decedent died on April 10, 2011.

Decedent's domicile was 321 South Elizabeth Street

Street Address

Spencerville

City or Village, or Township if unincorporated area

Allen

County

Ohio

State

45887

Zip Code

Post Office

[Check one of the following]

- ☒ The applicant is decedent's surviving spouse entitled to one hundred percent of the allowance 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)

\$ _____

\$ _____

- ☐ 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 other date of death values

Coventry Health Care refund check _____ \$ 748.95

_____ \$ _____

Total Assets \$ 748.95

Applicant requests an order granting summary release.

Attorney for Applicant

James F. Hearn, Sr.

Typed or Printed Name

5 Willipie Street

Address

Wapakoneta, Ohio 45895

419-738-8171

Phone Number (include area code)

Attorney Registration No. 0037977

Applicant

Sandra Yohe

Typed or Printed Name

321 South Elizabeth Street

Address

Spencerville, Ohio 45887

419-236-8066

Phone Number (include area code)

Signed and acknowledged by the applicant in my presence this 4th day of November, 2015

Personally known

Notary Public/Deputy Clerk



DAVID J. BROGDON
MY COMMISSION # EE 180117
EXPIRES: March 18, 2016
Bonded thru Budget Notary Services