| PROBATE COURT OF Allen COUNTY, OHIQ PROBATE COURT JAN 22 PM 4: 12 |
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| ESTATE OF CHARLES O, DAVIS SR., DECEASEDLEN COUNTY, OHIO |
| CASE NO. 20/5 ES16 |
| APPLICATION FOR SUMMARY RELEASE FROM ADMINISTRATION [R.C. 2113.031] |
| Applicant states that decedent died on $JUNE 22 2013$ |
| Decedent's domicile was 1314 N. MAIN ST- Street Address ALLEN City or Village, or Township if unincorporated area County 45801 |
| |
| Post Office 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) |
| ZDR. ZOOG DODGERAM ST 1500 REGULAR CAB \$ 9,000_ |
| 111 DISCOULT 1 DESTA 955 |

FORM 5.10 - APPLICATION FOR SUMMARY RELEASE FROM ADMINISTRATION

Accounts maintained by a Financial Institution (include financial institution name and the Encountry of the Country of the Cou П 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.] 1 Other assets and date of death values 9000 **Total Assets** Applicant requests an order granting summary release. Attorney for Applicant Applicant's Signature Susan Crish Bruce Comly French, Esq. Applicant's Typed or Printed Name Typed or Printed Name 11273 Rd 293 200 W. North St Ste B Street Address Street Address Lima, Ohio, 45801 Lakeview, Ohio 43331 Zip Code Zip Code State 419-222-9134 419-204-7012 Phone Number (include area code) Phone Number (include area code) SUSAN E MYERS Attorney Registration No. _ Notary Public, State of Ohio My Commission Expires o#uly 22, 2017 Signed and acknowledged by the applicant in my presence this SUSAN E MYERS NotaryPublic/DeputyClerk Notary Public, State of Ohio
My Commission Expires
My Commission Expires

Eff. Date March 1, 2008

July 22, 2017