## PROBATE COURT OF ALLEN COUNTY, OHIO

| ESTATE OF  | LADONNA E. SCHMELZE<br>SCHME                                     |   | DECEASED                                  |
|--|--|---|---|
| Case No. 2015  | ES 12  |   |   |
|  | APPLICATION TO   | PROBATE WILL 107.18, 2107.19]   | PROBATE COU<br>15 JAN 20 PM               |
|  |  |   |   |
| Decedent's domicile was 1425 E. 5th Street   |  |   |   |
|  | Delphos  | Street Address<br>Allen   | DGE .                                     |
| City or Village, o   | r Township if unincorporated area                                | County  |   |
|  |  |   | 5833-9142                                 |
| Post Office State Zip Code  A document purporting to be decedent's last will is attached and offered for probate, and applicant waives notice of probate of this will. |  |   |   |
| Decedent's surviving spouse, children, next of kin, and legatees and devisees, known to applicant, are listed on the attached Form 1.0.                                |  |   |   |
| Attorney for Applicant   | Cur .  | Patricia Kramer   | Stern O Blan                              |
| Edward B. Pedlow, IV Typed or Printed Name   |  | Patricia Kramer & Steven Klaus Typed or Printed Name  |   |
| 119 N. West Street, Suite 101  |  | 13372 W. Union Road   3516 W. Elm Street  |   |
| Address<br>Lima, OH 45801  |  | Address Spencerville, OH 45887   Lima, OH 45807   |   |
| 419-228-8989   |  | 419-695-8750   419-234-004  |   |
| Phone Number (include area code)   |  | Phone Number (include area code)  |   |
| Attorney Registration No. 0030250  |  |   |   |
| WAIVER OF NOTICE OF PROBATE OF WILL  |  |   |   |
| certificate is filed evid<br>this will must be filed<br>who die on or after Ja   | encing these waivers and any r<br>no more than three months afte | the probate of this will, waive so notices given, any action to coner the filing of the certificate for an four months after the filing of 2. | test the validity of estates of decedents |
| Patricia Kr.   | amer   | Steven  | laus -                                    |
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