PROBATE COURT OF Allen COUNTY, OHIO
JUDGE Allian
ESTATE OF Erik Michael 14 , DECEASED
CASE NO. 2016 ES 1
APPLICATION FOR SUMMARY RELEASE FROM ADMINISTRATION [R.C. 2113.031]
Applicant states that decedent died on 4/14/15
Decedent's domicile was 3371 Early Ave Street Address
Lima Allen.
OH 45801
Post Office State Zip Code
[Check one of the following]
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)
1995 BMW M3 VIN WBSBF9322SEHOI150 \$ 3268.00

2016 ES 11

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Accounts maintained by a Financ account's complete identifying nu	ial Institution (include financial institution name and the amber):
	\$
	<u> </u>
Stocks and Bonds (include for e issuer, the name and address of its or bonds):	each stock or bond its serial number, the name of its stransfer agent, and the total number of shares of stocks
	<u> </u>
	\$
Real estate described in accompanand Form 12.1 Certificate of Tranvalue.] \$_	aying Form 12.0 Application for Certificate of Transfer asfer and date of death value. [Attach verification of
Other assets and date of death valu	es
	•
	46/1.00
·	Total Assets \$ 4861.00
icant requests an order granting summ	ary release.
ney for Applicant	Applicant's Signature
	John F. Davis
or Printed Name	Applicant's Typed or Printed Name
A 11	229 BRYD Mawr Hue.
Address	Street Address /
State Zip Code	City State Zip Code
Number (include area code)	419-228-3240 Phone Number (include area code)
ey Registration No.	cell 419-905-6929
y wegistiation ito.	•
and acknowledged by the applicant in	n my presence this 134 day of
way, 2016	day of