PROBATE COURT OF ALLEN COUNTY, OHIO

	VIE OF	STRAUSBAUGH,	STRAUSBAUGH, AKA C AKA CHARLOTTE STRA	CHARLOTTE I. DECEASED	
Case	No.	2016 ES 134			
				C:-'-	
		APPLICATION FROM	FOR SUMMARY ADMINISTRATION [R.C. 2113.031]	ON FILE	
Applica	ant states	that decedent died on	<u>January 22, 2016</u> .	DOURT COURT	
Deced	ent's don	nicile was <u>225 Buckinghan</u>	n Drive	- 10 T	
		Lima	Street Addres	Allen	
	City	or Village, or Township if unincor	porated area	County	
		Lima Post Office	<u>Ohio</u>	45807	
[Checi	k one of	the following]	State	Zip Code	
×	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.				
opiigati	ion to pay	is a receipt, contract or of decedent's funeral and be eipt, if applicable.	ther document that confirms urial expenses or if the appli	the applicant's payment or cant is the surviving spouse, the	
The de attache	cedent's ed Form 1	surviving spouse, next of l .0.	kin, legatees and devisees k	nown to applicant, are listed on	
Applica relief of	int states f deceder	that there are no pending nt's estate from administra	proceedings for the adminis tion under R.C. 2113.03.	stration of decedent's estate or	
All know	wn assets	s with date of death values	of the estate are as follows:	:	
	Motor Ve number	chicles (include year, make and Certificate of Title nun	e, model, body type, manufa nber)	cturer's vehicle identification	
	·			\$	
				\$	

	Case No.	ZU16	ES 13
X	Accounts maintained by a Financial Institution (include financial institution complete identifying number):	name and t	he account's
	Fifth Third Bank Checking Account	_ \$	855.10
		 \$	
	Stocks and Bonds (include for each stock or bond its serial number, the naname and address of its transfer agent, and the total number of shares of	me of its is stocks or bo	suer, the onds):
		\$	
		\$	
	Real estate described in accompanying Form 12.0 Application for Certifica 12.1 Certificate of Transfer and date of death value. [Attach verification of value]	te of Transf	er and Form
×	Other assets and other date of death values	»	
	Assured Life Association - premium refund	\$	87.44
		•	07.77
	Total Asse		942.54
Autorio Jerry M Typed 400 W Addres Lima, 0	Ohio 45801 Lima, Ohio 45807 22-1040 419-230-9526		Inon
	Number (include area code) Phone Number (include area) Phone Number (include area) Phone Number (include area)	ea code)	
Signe	d and acknowledged by the applicant in my presence this day of	amil	

CHARLOTTE A. BELLIMAN Notary Public. State of Ohio My Commission Expires October 20, 2019