•		Perfect Form 5.2
	OT OF ALLEN COLINI	Perted Form 5.2 TY, QHIOAP, And
PROBATE COUR	Glenn H. Derryberry	
		Comment of the second
ESTATE OF Jane Ann Honse		, DECEASED
APPLICAT IR.C. 2	ION TO PROBATE WI	LL *
Applicant states that decedent died on June 7, 2		
Decedent's domicile was 100 Steeple Chase		
	Street Address	llen
Lima City or Village, or Township if unincorporated		County
	Ohio	45807
Post Office	State	Zip Code
A document purporting to be decedent's last w probate of this will.	rill is attached and offered for pro	bate, and applicant waives notice of
Decedent's surviving spouse, children, next o	f kin, legatees and devisees, kno	own to applicant, are listed on the
attached Form 1.0.		
July Shala	Applicant	I Stone
Attorney for Applicant	Applicant	
ames M. Dodson, Jr.	Michael L. Honse	
Typed or Printed Name	Typed or Printed N	lame
1417 Shawnee Road	100 Steeple Chas	e
Address	Address	
Lima, Ohio 45805	Lima, Ohio 4580	7
Elina, Onto 10000		
(419) 999-9011	(419) 222-7178	
Phone Number (include area code)	Phone Number (in	clude area code)
Attorney Registration No. 0069059		
WAIVER OF N	OTICE OF PROBATE	OF WILL
The undersigned being persons entitled to no	tice of the probate of this will, wa	ive such notice. After a certificate is
filed evidencing these waivers and any notice more than three months after the filing of the	e divan anv acijon in collesi ine	validity of this will induce be income
and no more than four months after the filing	of the certificate for estates of d	ecedents who die before January 1,
2002.		
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