## PROBATE COURT OF ALLEN COUNTY, OHIO GLENN H. DERRYBERRY, JUDGE

ESTATE OF JANICE R. REESE aka JANICE RUTH REESE

CASE NO. 2016 E5 203

ALEC 101 AND ASSERT

## APPLICATION FOR SUMMARY RELEASE FROM ADMINISTRATION [R.C. 2113.031]

Applicant states that decedent died on  Decedent's domicile was		09/05/2015						
		2102 Brookhaven Dr. Street Address						
	Lima City or Village, or Township if unincorporated		Allen					
	City or Village, or Township if unincorporated	area	County					
	<u>Lima</u> Post Office	Ohio State	4580 Zip Code					
[Che	ck 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 \$5,000.00 for decedent's funeral and burial expenses.							
$\boxtimes$	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 \$5,000.00 or the amount of decedent's funeral and burial expenses.							
to pa	hed hereto is a receipt, contract or other or y decedent's funeral and burial expenses ot, if applicable.							
	decedent's surviving spouse, next of kin, led Form 1.0.	legatees, and devisees know	n to applicant, are listed on the					
	cant states that there are no pending procedent's estate from administration under R. C		of decedent's estate or relief of					
dece								
	own assets with date of death values of the	e estate are as follows:						
	own assets with date of death values of the Motor Vehicles (include year, make, mo and Certificate of Title number):		r's vehicle identification number					
All kn	Motor Vehicles (include year, make, mo	del, body type, manufacture	r's vehicle identification number \$\$\$					

	CASE NO						
	Accounts maintained by a Financial Institution (include financial institution name and the account's identifying number):						
		· · · · · · · · · · · · · · · · · · ·			\$		
					\$		
	Stocks and address of it	Bonds (include fo s transfer agent, a	r each stock or bond the total number	ond its serial number, the r of shares of stocks or bor	e name of its issue	r, the name and	
		<del></del> .			\$		
					\$		
	Real estate described in accompanying Form 12.0 Application for Certificate of Transfer and Form 12 Certificate of Transfer and date of death value. [Attach verification of value.]						
	Other assets	and date of death	values				
					\$		
					\$		
					Total Assets \$	1,200.00	
Applica	nt requests an	order granting sum	many release				
Attorney:	H L Tofor Applicant	}aoin		Applicant's Signature	Les	) ist	
Scott I	. Basinger Printed Name			Gary R. Reese Applicant's Typed or Printed	d Name		
	Main St., P.C	). Box 46		177 Hillcrest Street Address	- Tune		
E	Bluffton City	OH State	45817 Zip Code	Bluffton City	OH State	45817 Zip Code	
Phone Nu	<u>(4</u> umber (include area	19) 358-5606 a code)		(419) 358-4207 Phone Number (include are	ea code)		
	Registration No	00815	87	, , , , , , , , , , , , , , , , , , ,	,		
Signed	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Hed by the applica	nt in my presence	this 24th day of	May	<u>, 2016</u> .	
	N. S. T.	NOTAR LI	COTT LEE BASINGER Y PUBLIC, STATE OF OHIO FETIME COMMISSION CATION FOR SUMM	Notary Public/Deputy Cler			