PROBATE COURT OF ALLEN COUNTY, OFFICE PROBATE
ESTATE OF MARLENE (NAN) HOAK, DECEASED
CASE NO. 2016 ES 251
APPLICATION FOR SUMMARY RELEASE FROM ADMINISTRATION [R.C. 2113.031]
Applicant states that decedent died on ARLIL 3, 2016
Decedent's domicile was 816 1/2 Sur Hoff STREET Street Address
City or Village, or Township if unincorporated area Post Office County 45833.
[Check 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 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)
2000 FORD TAURUS-4DR. \$ 574.00 VIN-1FAFP 5548 YG 233373 \$
TITLE #-020098 6417

FORM 5.10 - APPLICATION FOR SUMMARY RELEASE FROM ADMINISTRATION

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	Accounts maintained by a Financial account's complete identifying numb	Institution (er):	include finar	ncial in	stitution	name	and the
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	Stocks and Bonds (include for each issuer, the name and address of its traor bonds):	stock or nsfer agent	bond its seri , and the tota	al num l numb	nber, the er of sh	name	of its
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	Real estate described in accompanyin and Form 12.1 Certificate of Transfe value.]	g Form 12. r and date	0 Application of death val	n for Cue. [At	ertificat tach ve	e of Ti rificat	ansfer ion of
	Other assets and date of death values	_		÷			
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		· ·	Total	Assets	\$ \$	614.	00
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Appno	ant requests an order granting summary	release.					
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Attorney	y for Applicant	Applicant O .	eda K. 's Signature NA K.	17			
Typed or	r Printed Name	KHON.	A	VO)	V D K A	\sim	
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City	State Zip Code		WERT			Zip	Code
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Phone Nu	ımber (include area code)	Phone Nu	nber (include	area co	de)		
Attorney	Registration No.	•					
Signed a	nd acknowledged by the applicant in m	y presence	this 24	day	of of	•	
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	ANITA C. ALDRICH	<u>(</u>	A Which	Deputy	Clerk	W	<u>~</u>
	Notary Public, State of Onio My Gonvinssion Expires 6 14-20 FOR SUMM	ARY RELEA	- · · · ·) · · · · · · ·	IJ			