PROBATE COURT OF Aller COUNTY, OHIO Alle 1	`D '01/02
ESTATE OF David Lee Shrris DECEASED PH	(3),
CASE NO. 2016 ES 316	igeogs Teogs
APPLICATION FOR SUMMARY RELEASE FROM ADMINISTRATION [R.C. 2113.031]	
Applicant states that decedent died on July 4, 2014	
Decedent's domicile was 210 Ni Union, apt 401 Street Address Others	
City or Village, or Township if unincorporated area Okio County Post Office State Zin Code	
[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)	
None	

		CASE NO. PROBATE COURT
d	account s complete identifying num	Institution (include financial institution name and the
	Stocks and Bonds (include for each	ch stock or bond its serial number, the name of its ransfer agent, and the total number of shares of stocks
		ring Form 12.0 Application for Certificate of Transfer sfer and date of death value. [Attach verification of \$
	Other assets and date of death value	**************************************
Appli	icant requests an order granting summa	ary release.
	ney for Applicant	Applicant's Signature DIANN PERRY Applicant's Typed or Printed Name
Street	Address	Street Address Street Address Stima Ohio 45805
City	State Zip Code	City State Zip Code 4/19 - 228 - 1214
Phone	e Number (include area code)	Phone Number (include area code)
	ney Registration No	in my presence this 11th day of
	2016	Lindo K Hork