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

ESTA	, DECEASED			
CASE	NO. 2016.E5.341	effective to the first of the control of the contro	A Company	
	APPLICATION TO RELIEVE ESTA [R.C. 2113.0		ATION	
Applica	ant states that decedent died on September 21, 2014	<i>Qa</i>	<u> </u>	
Deced	ent's domicile was 2440 Baton Rouge		50	
		et Address	F. S.	
City or	Village, or Township if unincorporated area Ohio 45805	County	P	
Post Of		State	Zip Code	
[Check	cone of the following]		ي بي	
	Decedent's will has been admitted to probate in this		<del>ق</del> <del>ق</del>	
	To applicant's knowledge, decedent did not leave a	vill.	e.	
IOb a al	and the following to			
	cone of the following]  The assets are \$15,000 or less and decedent died on or after January 1, 1976			
	The assets are \$15,000 or less and decedent died on or after January 1, 1976.  The assets are \$25,000 or less and decedent died on or after October 20, 1987.			
H	The assets are \$25,000 or less and decedent died on or after October 20, 1987.  The assets are \$35,000 or less and decedent died on or after November 9, 1994.			
$\vdash$		s are \$50,000 or less; the surviving spouse is entitled to all of the assets and the decedent		
ِ لسا	died on or after April 16, 1993.			
	The assets are \$85,000 or less; the surviving spouse is entitled to all of the assets and the decedent died on or after September 14, 1993.			
	The assets are \$100,000 or less; the surviving spouse is entitled to all of the assets and the decedent died on or after March 18, 1999.			
	ant asks that the estate be relieved from administration A statement of the assets and liabilities of the estate is			
	ecedent's surviving spouse, next of kin, legatees, and one of the second second 1.0.	devisees known to the applica	ant, are listed on the	
		WD WD Own		
Attorney for Applicant Ag		Applicant		
		Kyle D. Trevillian		
Typed or Printed Name Typed or P		Typed or Printed Name	,	
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Address		Address		
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Phone	Number (include area code)	Phone Number (include ar	rea code)	

Attorney Registration No. \_\_\_\_