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

ESTATE OF GERALD DEAN TR	
CASE NO. 2016FS 427	ALLEIT COURTY OHIO

APPLICATION FOR SUMMARY RELEASE FROM ADMINISTRATION

IR.C. 2113.0311 Applicant states that decedent died on 9-3-2016 Decedent's domicile was <u>232 N.Colf St, Apt 201</u>
Street Address Li M 4
City or Village, or Township if unincorporated area [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 and amount not exceeding \$5,000 for decedent's funeral and burial expenses. X 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 the decedent's estate or relief of decedent's estate from administration under R.C. 2113.03. All known assets with date of death values or the estate are as follows: Motor Vehicles (include year, make, model, body type, manufacturer's vehicle identification number and Certificate of Title number) 2003 HUUNDA; SONATA GI \$ 1000,000 VEHICLE OU TITLE# 6201262442 \$ KMHWF25H33A870189

	Accounts maintained by a Financial Insaccount's complete identifying number	stitution (include financial institution name and the):
		\$
		\$
		ock or bond its serial number, the name of its issuer, gent, and the total number of shares of stocks or bonds):
		\$\$
		\$_
	Real estate described in accompanying Form 12.0 Application for Certificate of Transfer and Form 12.1 Certificate of Transfer and date of death value. [Attach verification of value.] \$	
Other assets and date of death values		
		\$
		Total Assets \$_ <i>[000.00</i>]
Applio	cant requests an order granting summary	release.
Attorne	ey for Applicant	Bunda & Gogard Applicant's Signature
Typed	or Printed Name	BONDA L. BOOMET Applicant's Typed or Printed Name
Street	Address	616 W. ASHTON AVE. Street Address
City	State Zip Code	Lina O 45801 City State Zip Code
Phone	Number (include area code)	<u> </u>
Attorn	ey Registration No.	
Signe 2016	ed and acknowledged by the applicant in r	my presence this day of Novemba.
		Notary Public/Deputy/Clerk

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