		PROBA 2016 DEC 23 OUNTY, OHO OUNTS
	PROBATE COURT OF Allen CO	OUNTY, OHOO
EST	ATE OF Courtney J Wilson aka Courtney Jay Wil	LOA, DECEASED
CAS	E NO. 2016 ES 463	
1	APPLICATION FOR SUMMARY RELEASE FROM A [R.C. 2113.031]	DMINISTRATION
Appli	icant states that decedent died on Dec 10, 2013	•
Dece	dent's domicile was 218 N Broadway St Street Address	*
	cerville	Allen
Spen	Village, or Township if unincorporated area  cerville  Ohio	County 45887
Post Of	fice State	Zip Code
[Chec	ck one of the following]	
	The applicant is decedent's surviving spouse entitled to of allowance for support and decedent's funeral and burial expethe surviving spouse has paid or is obligated in writing to burial expenses and the value of the assets does not exceed support under R.C. 2106.13(B) plus an amount not exceed funeral and burial expenses.	enses have been prepaid or pay decedent's funeral and the \$40,000 allowance for
Ø	The applicant, who is not the surviving spouse, has paid or is decedent's funeral and burial expenses and the value of the as or the amount of decedent's funeral and burial expenses.	obligated in writing to pay ssets is the lesser of \$5,000
obliga	hed hereto is a receipt, contract or other document that confirms ation to pay decedent's funeral and burial expenses or if the e, the prepayment receipt, if applicable.	the applicant's payment or applicant is the surviving
The d	ecedent's surviving spouse, next of kin, legatees and devisees knached Form 1.0.	own to applicant, are listed
Applior reli	cant states that there are no pending proceedings for the administer of decedent's estate from administration under R.C. 2113.03.	stration of decedent's estate
All kr	nown assets with date of death values of the estate are as follows:	
Image: section of the content of the	Motor Vehicles (include year, make, model, body type identification number and Certificate of Title number)	e, manufacturer's vehicle
	1998 Chevy Trk GK1 Vin 2GCEK19M9W1252810 060021705	2 § 825.00
		\$

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	Accounts maintained by a Financial Institution (include financial institution name and the account's complete identifying number):					
			·	<u>\$</u>		
	Stocks and Bonds (include for each issuer, the name and address of its to or bonds):	ch stock or bond its ransfer agent, and the	serial number, the	ne name of its		
				<u>S</u>		
	Real estate described in accompany and Form 12.1 Certificate of Trans value.]	ibed in accompanying Form 12.0 Application for Certificate of Transfer Certificate of Transfer and date of death value. [Attach verification of \$				
	Other assets and date of death values	s				
			\$			
	Total Assets \$825.00					
Appli	cant requests an order granting summa	ry release.				
		Kathry	wowi	loon		
Attorney for Applicant		Applicant's Signature	ure			
Typed or Printed Name		Kathryn D Wilson				
rypea	or Frince Name	Applicant's Typed or Printed Name				
Ob	A 1.1	302 N Elizabeth	St	·		
Street .	Address	Street Address				
		Spencerville	ОН	45887		
City	State Zip Code	City	State	Zip Code		
		419-230-1818				
Phone Number (include area code)		Phone Number (inc	lude area code)			
Attorn	ey Registration No.					
Signe DQ	d and acknowledged by the applicant in	n my presence this	day of			
		Lord	LHooks			
	FORM 5.10 - APPLICATION FOR SUI	•	blic DeputyClerk  ADMINISTRATION			