

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

FILED
PROBATE COURT

2017 MAR 10 AM 9:28
DECEASED
GLENN H. DERRYBERRY, JUDGE
ALLEN COUNTY, OHIO

ESTATE OF BERNADENE MORGAN BOUCHARD

CASE NO. 2017 ES 104

APPLICATION FOR SUMMARY RELEASE FROM ADMINISTRATION

[R.C. 2113.031]

Applicant states that decedent died on December 25, 2015

Decedent's domicile was 3127 Fort Amanda Road

Street Address

Lima

Allen

City or Village, or Township if unincorporated area

County

Lima

OHIO

45805

Post Office

State

Zip 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 and 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 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)

_____ \$
_____ \$

Accounts maintained by a Financial Institution (include financial institution name and the account's complete identifying number):

_____ \$ _____
_____ \$ _____

Stocks and Bonds (include for each stock or bond its serial number, the name of its issuer, the name and address of its transfer agent, 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

Merrill Lynch Health Care Account \$ \$3,697.19

Total Assets \$ 3,697.19

Applicant requests an order granting summary release.



Attorney for Applicant

Michael P. Henry

Typed or Printed Name

7255 Crossleigh Ct., Ste 104

Street Address

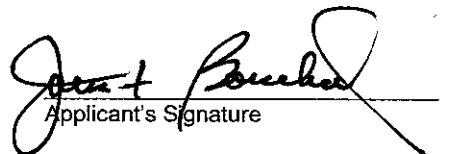
Toledo, OH 43617

City State Zip Code

419-517-7377

Phone Number (include area code)

Attorney Registration No. 0064182



Applicant's Signature

James F. Bouchard

Applicant's Typed or Printed Name

3127 Fort Amanda Rd.

Street Address

Lima, OH 45805

City State Zip Code

419-302-0616

Phone Number (include area code)

Signed and acknowledged by the applicant in my presence this 2nd day of March

2017

SCOTT L. SHAFER
NOTARY PUBLIC, STATE OF OHIO
MY COMMISSION EXPIRES
MAY 31, 2012 17



Notary Public/Deputy Clerk