ALLEN

GLENN H. DERRYBERRY, JUDGE

ESTATE OF ____JEFFREY E. CARDER, aka JEFFREY EDWARD , DECEASED CARDER

CASE NO. 2617 ES 259

OH OSTORICE State Check one of the following] The applicant is decedent's surviving spouse entitled to one hundrallowance for support and decedent's funeral and burial expenses have the surviving spouse has paid or is obligated in writing to pay decede burial expenses and the value of the assets does not exceed the \$40, support under R.C. 2106.13(B) plus an amount not exceeding \$5,0 funeral and burial expenses. The applicant, who is not the surviving spouse, has paid or is obligated decedent's funeral and burial expenses and the value of the assets is the or the amount of decedent's funeral and burial expenses. Attached hereto is a receipt, contract or other document that confirms the application to pay decedent's funeral and burial expenses or if the applicant pouse, the prepayment receipt, if applicable. The decedent's surviving spouse, next of kin, legatees and devisees known to an attached Form 1.0. Applicant states that there are no pending proceedings for the administration of 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:	STRATION
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r 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:	pplicant, are listed
_	f decedent's estate
7 Motor Vohiolog (include vices male male) 1 to to come	
identification number and Certificate of Title number)	
1980 MOTOR HOME, 1993 MERCURY, 2002 LINCOLN \$ (le (Copies of certificates of title attached) \$	rap value ss than \$500.00)
Applicant to pay any proceeds received, less costs	, to Sharon C

					•	ZU17	ES	2	
				CA	SE NO				
	Accounts maintained by a Financial Institution (include financial institution name and the account's complete identifying number):								
						\$			
						\$			
		he name and		stock or bond its sonsfer agent, and the to					
						\$			
						\$_	*****		
	and For value.]	m 12.1 Cer	tificate of Transfe	ng Form 12.0 Applica er and date of death					
	Other as	ssets and da	te of death values			A			
					·	\$			
				To	otal Assets	\$			
Applic	ant reque	sts an order	granting summary	y release.	Δ	1 4 2			
Attorne	y for App	licant	1	Applicant's Signatu	re				
KERI	L. MCCL	URE		KARRISA CARD	ER				
Typed o	or Printed	Name		Applicant's Typed of	or Printed Na	me			
	WESTW(Address	OOD DRIVI	E, SUITE 302	11115 DULL RO Street Address	BINSON RI	D			
VAN V	WERT	он	45891	VAN WERT	ОН		4!	5891	
City		State	Zip Code	City	State			Code	

Signed and acknowledged by the applicant in my presence this 12th _, <u>2017 .</u>.

JANET C. ALLEN

419-238-2488

Phone Number (include area code)

Attorney Registration No. 0093703

NOTARY PUBLIC

STATE OF OHIO :- APPLICATION FOR SUMMARY RELEASE FROM ADMINISTRATION

419-771-3969

Phone Number (include area code)

MotaryPublic/DeputyClerk

My Commission Expires January 21, 2021

Eff. Date March 1, 2008