

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

FILED
PROBATE COURT

ESTATE OF ROBERT LEE EDWARD MORRIS

2017 NOV 20 PM 3:17 DECEASED

CASE NO. 2017ES 458

GLENN H. DERRYBERRY, JUDGE
ALLEN COUNTY, OHIO

APPLICATION FOR SUMMARY RELEASE FROM ADMINISTRATION
[R.C. 2113.031]

Applicant states that decedent died on July 13, 2017

Decedent's domicile was 933 Dingledine
Street Address

Lima Allen
City or Village, or Township if unincorporated area County

Ohio 45804
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 an amount not exceeding \$5,000.00 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 \$5,000.00 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 pre-payment receipt, if applicable.

The decedent's surviving spouse, next of kin, legatees, and devisees known to applicant, are listed on the attached Form 1.0.

Applicant states that there are no pending proceedings for the administration of decedent's estate or 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:

- Motor Vehicles (include year, make, model, body type, manufacturer's vehicle identification number and Certificate of Title number):

\$ _____

\$ _____

CASE NO. _____

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
Unicare Life & Health Insurance Company, Policy #GI 17-GCC; Claim No. LC144159
\$ 6,802.38

\$ _____
Total Assets \$ 6,802.38

Applicant requests an order granting summary release.

Amber R. Bishop
Attorney for Applicant

Amber R. Bishop
Typed or Printed Name

212 N. Elizabeth Street, #504
Street Address

Lima Ohio 45801
City State Zip Code

(419) 222-5045
Phone Number (include area code)

Attorney Registration No. 0096383

Junitha Morris
Applicant's Signature

Junitha Morris
Applicant's Typed or Printed Name

933 Dingleline
Street Address

Lima OH 45804
City State Zip Code

(419) 490 - 6597
Phone Number (include area code)

Signed and acknowledged by the applicant in my presence this 20th day of November, 2017.



DENISE L. STEPHENS
Notary Public, State of Ohio
My Commission Expires
June 1, 2019

Denise L. Stephens
Notary Public/Deputy Clerk

Form 5.10 - APPLICATION FOR SUMMARY RELEASE FROM ADMINISTRATION