						P.F.	٠ <u>٠</u>
DI	ROBATE COURT OF	ALLE	N	COL	JNTY,	OHÍOS.	ည
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ESTV		Michele Lee And L. Anderson aka			on	DECEAS	}. \$₽₽
	NO. 2019ES 363			1214015	<u> </u>	<u>, </u>	W DCC
CASE	NO. <u>201723 363</u>						W.c.
•	APPLICATION FOR S	UMMARY REI [R.C. 2113.031]	LEASE FF	ROM A	DMINIS	TRATIO	N
Applic	ant states that decedent die	d on	July	7 26, 2	019		,
Deced	ent's domicile was	61	4 Turner Street Address	Avenue			
Bath	Township				Alle	n County	
City or Vi	llage, or Township if unincorporated area					County	
Lima Post Office		Ohi State				4.580 Zio	O4 Code
rost Office	•						
S	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 for decedent's funeral and burial expenses.						
	The applicant, who is not a decedent's funeral and buria or the amount of decedent's	al expenses and th	ne value of t	or is obl he asset	igated in s is the le	writing to sser of \$5,0	pay 000
bligatio	d hereto is a receipt, contract on to pay decedent's funeral the prepayment receipt, if ap	and burial expe					
	edent's surviving spouse, ne hed Form 1.0.	xt of kin, legatees	and devisee	es known	to appli	cant, are li	isted
	nt states that there are no per of decedent's estate from ad				on of de	cedent's es	state
All know	n assets with date of death v	alues of the estate	are as follow	ws:			
	Motor Vehicles (include y dentification number and Cert			type,	manufact	turer's ve	hicle
_					\$	S	
_							

CASE NO.	2019	ES	3,6	3
CAGE NO.				

	Accounts maintained by a Financial Institution (include financial institution name and the account's complete identifying number):					
	· · · · · · · · · · · · · · · · · · ·		\$			
			\$			
	Stocks and Bonds (include for each issuer, the name and address of its to or bonds):					
			\$			
			\$			
\boxtimes	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.]		\$13,900.00			
×	Other assets and date of death values 1971 Richardson, Ardmore mobile 250RA2LA41479, certificate of ti		\$ 5,000.00			
		Total Assets	\$ 18,900.00			
D	ant requests an order granting summary	release. Rismald Que Applicant's Signature	lerson			
0						
	P. Patrick Printed Name	Ronald Anderson Applicant's Typed or Printed Name				
i ypad oi	Frinted Maine	Applicant's Typed of Printed Name				
1037 Street A	W. Market Street	614 Turner Avenue				
Street A	adress	Queer wageess				
Lima,	OH 45805	Lima, OH 45804				
City	State Zip Code	City State	Zip Code			
419-2	27-3050	567-289-4532				
Phone N	umber (include area code)	Phone Number (include area code)				
Attorney	Registration No. 0001014					
Signed	d and acknowledged by the applicant in m	ny presence this 3rd day of				
		James P. Patreik				
		Notato Public/Deputy Clerk SAMES P. PATRIES, Notary Rublic, State Notary Rublic, Rublic, Rublic, Rublic, Rublic, Rublic, Rublic, Rublic	e of Olyto			

FORM 5.10 - APPLICATION FOR SUMMARY RELEASE FROM ADMINISTRATION

4.3