	PROBATE COURT	PROBATE COURT OF, JUDGE					
ESTATE OF			, DECEASED				
CASE	NO						
4	APPLICATION FOR SUM	MARY RELEA [R.C. 2113.031]	SE FROM ADM	IINISTRATION			
Applica	ant states that decedent died on						
Decedent's domicile was							
		Street Address					
City or V	/illage, or Township if unincorporated area		County				
Post Off	ice	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 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.						
	ed hereto is a receipt, contract or oth ent's funeral and burial expenses or able.						
The de 1.0.	ecedent's surviving spouse, next of kin,	, legatees and devise	es known to applicant, a	are listed on attached Form			
	ant states that there are no pending ent's estate from administration under F	-	e administration of dec	edent's estate or relief of			
All kno	wn assets with date of death values of	f the estate are as fol	llows:				
	Motor Vehicles (include year, make Certificate of Title number)	e, model, body type	, manufacturer's vehicle	identification number and			
				\$			
				\$			

	[Reverse of Form 5.10]						
	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						
ш	Other assets and date of	deatif values					
					\$		
				Total Assets	\$		
Applicar	nt requests an order granti	ng summary release.					
Attorney for Applicant			Applicant's	Signature			
Typed or Printed Name			Applicant's Typed or Printed Name				
Street Address			Street Address				
City	State	Zip Code	City	State	Zip Code		
Phone Number (Include area code)			Phone Num	nber (Include area	code)		
Attorney	Registration No.						
	and acknowledged by the		nce this	day of			
			Notary Pub	lic/Deputy Clerk			