

PROBATE COURT OF CUYAHOGA COUNTY, OHIO

ANTHONY J. RUSSO, Presiding Judge

LAURA J. GALLAGHER, Judge

ESTATE OF _____, DECEASED

CASE NUMBER _____

INVENTORY AND APPRAISAL

[R.C. 2115.02 and 2115.09]

To the knowledge of the fiduciary the attached schedule of assets in decedent's estate is complete. The fiduciary determined the value of those assets whose values were readily ascertainable and which were not appraised by the appraiser, and that such values are correct.

The estate is recapitulated as follows:

Tangible personal property	\$ _____
Intangible personal property	\$ _____
Real property	\$ _____
Total	\$ _____

Automobiles transferred to surviving spouse under R.C. 2106.18

Value(s) \$ _____, \$ _____, \$ _____, \$ _____,
 \$ _____, \$ _____, \$ _____, \$ _____,

Total value [not to exceed \$40,000.00] \$ _____

The fiduciary is also the surviving spouse of the decedent and waives notice of the taking of the inventory.

Attorney

Fiduciary

Attorney Registration No. _____

APPRAISER'S CERTIFICATE

The undersigned appraiser agrees to act as appraiser of decedent's estate and to appraise the property exhibited truly, honestly, impartially, and to the best of the appraiser's knowledge and ability. The appraiser further says that those assets whose values were not readily ascertainable are indicated on the attached schedule by a check in the "Appraised" column opposite each such item, and that such values are correct.

Appraiser Signature

Address

Typed or Printed Name

City State ZIP

Phone Number (include Area Code)

Email Address

WAIVER OF NOTICE OF TAKING OF INVENTORY
[R.C. 2115.04]

The undersigned surviving spouse waives notice of the time and place of taking the inventory of decedent's estate.

Surviving Spouse

WAIVER OF NOTICE OF HEARING ON INVENTORY
[Use when notice is required by the Court or deemed necessary by the fiduciary]

The undersigned, who are interested in the estate, waive notice of the hearing on the inventory.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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ESTATE OF _____, DECEASED

CASE NUMBER _____

SCHEDULE OF ASSETS

[Attach to inventory and appraisal]

Page ____ of ____ pages.

[Insert a check in the column "Appraised" opposite an item if it was valued by the appraiser. Leave blank if the readily ascertainable value was determined by fiduciary].

Appraised	Item	Value
<input type="checkbox"/>		\$
<input type="checkbox"/>		\$
<input type="checkbox"/>		\$
<input type="checkbox"/>		\$
<input type="checkbox"/>		\$
<input type="checkbox"/>		\$
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Appraised	Item	Value
<input type="checkbox"/>		\$
<input type="checkbox"/>		\$
<input type="checkbox"/>		\$
<input type="checkbox"/>		\$
<input type="checkbox"/>		\$
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<input type="checkbox"/>		\$

Fiduciary

Typed or Printed Name

Address

City State ZIP

Telephone Number (include area code)

Email Address