

PROBATE COURT OF CUYAHOGA COUNTY, OHIO

ANTHONY J. RUSSO, Presiding Judge

LAURA J. GALLAGHER, Judge

ESTATE OF _____, DECEASED

CASE NO. _____

APPLICATION TO RELEASE FINANCIAL INFORMATION

Applicant states that the decedent died on _____.

Decedent's domicile or residence was _____
(Street Address)

(City, Village, or Township) (County) (State) (Zip Code)

Applicant requests authority to obtain information regarding accounts and balances for the decedent at the following institution(s) for purposes of pursuing an estate administration or release of administration:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Attached is a list of the surviving spouse, children, next-of-kin, legatees and devisees known to the Applicant. **(Form 1.0)**

(Please provide a copy of the decedent's death certificate)

Attorney for Applicant

Typed or Printed Name

Address

City State Zip

Phone Number (Include Area Code)

Applicant

Typed or Printed Name

Address

City State Zip

Phone Number (Include Area Code)

Attorney Registration No. _____

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ESTATE OF _____, DECEASED

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**WAIVER AND CONSENT
RELEASE OF FINANCIAL INFORMATION**

The undersigned waive notice of the hearing and consent to and approve the Application to Release Financial Information as set forth in the Application.

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