

PROBATE COURT OF CUYAHOGA COUNTY, OHIO

ANTHONY J. RUSSO, Presiding Judge

LAURA J. GALLAGHER, Judge

ESTATE OF _____, DECEASED

CASE NUMBER: _____

**APPLICATION TO RELIEVE ESTATE FROM ADMINISTRATION
(R.C. 2113.03)**

Applicant states that decedent died on _____

Decedent's domicile was _____

Street Address

City or Village, or Township if unincorporated area

County

Post Office

State

Zip Code

(Check one of the following)

Decedent's will has been admitted to probate in this Court.

To applicant's knowledge, decedent did not leave a Will.

(Check one of the following)

The assets are \$15,000 or less and decedent died on or after January 1, 1976.

The assets are \$25,000 or less and decedent died on or after October 20, 1987.

The assets are \$35,000 or less and decedent died on or after November 9, 1994.

The assets are \$50,000 or less; the surviving spouse is entitled to all of the assets and the decedent died on or after April 16, 1993.

The assets are \$85,000 or less; the surviving spouse is entitled to all of the assets and the decedent died on or after September 14, 1993.

The assets are \$100,000 or less; the surviving spouse is entitled to all of the assets and the decedent died on or after March 18, 1999.

Applicant asks that the estate be relieved from administration because the assets do not exceed the statutory limits. A statement of the assets and liabilities of the estate is listed on the attached Form 5.1.

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

(Check, if applicable)

Decedent was fifty-five years of age or older at the time of death and was a recipient of medical assistance under chapter 5111 of the Revised Code. Form 7.0 Notice to Administrator of Estate Recovery Program has been or will be filed.

Attorney For Applicant

Applicant

Typed or Printed Name

Typed or Printed Name

Address

Address

Phone Number (include area code)

Phone Number (include area code)

Attorney Registration No.

WAIVER OF NOTICE

The undersigned surviving spouse, heirs at law, legatees, devisees and other persons entitled to notice of the filing of the application to relieve decedent's estate from administration, waive such notice.

_____	_____
_____	_____
_____	_____
_____	_____

ENTRY SETTING HEARING AND ORDERING NOTICE

The Court sets _____, at _____ o'clock ____ M, as the date and time for hearing the application to relieve decedent's estate from administration.

[Check one of the following]

All notice is dispensed with as unnecessary.

Notice by publication to interested parties is dispensed with as unnecessary. Written notice shall be given, as provided by law and the Rules of Civil Procedure, to those persons entitled to notice, who have not waived notice.

Written notice is dispensed with as unnecessary. Notice by publication shall be given to interested parties as provided by law and the Rules of Civil Procedure.

Written notice shall be given to those persons entitled to notice, who have not waived notice, and notice by publication shall be given to interested parties, as provided by law and the Rules of Civil Procedure.

Date

Probate Judge

PROBATE COURT OF CUYAHOGA COUNTY, OHIO

ANTHONY J. RUSSO, Presiding Judge

LAURA J. GALLAGHER, Judge

ESTATE OF _____, DECEASED

CASE NUMBER: _____

ENTRY RELIEVING ESTATE FROM ADMINISTRATION

[R.C. 2113.03]

Upon hearing the application to relieve decedent's estate from administration, the Court finds that:

Decedent died [check one of the following] - testate - intestate. The date of death and domicile are as stated in the application, and the Court has jurisdiction over the estate;

Notice to the surviving spouse, heirs at law, legatees and devisees, was duly effected or dispensed with by the Court as unnecessary;

The values of the several assets in the estate, given in the application do not exceed the statutory limits.

The Court therefore relieves the estate from administration, and orders **[check and complete whichever of the following are applicable]:**

That the following personal property be sold [describe]:

That the debts of decedent listed in the application be paid.

That the statutory family allowance be paid to the surviving spouse - minor children of the decedent - apportioned between the surviving spouse and minor children of the decedent who are not the children of the surviving spouse.

That Certificate of Transfer No. _____, attached to the application and describing decedent's real estate, issue and be preserved in the records of the Court and that authenticated copies of the certificate be delivered as required to the persons entitled to them;

That the financial institutions holding accounts in decedent's name as set forth below pay the same upon proper tax release [check one of the following] - to the commissioner - to

PROBATE COURT OF CUYAHOGA COUNTY, OHIO

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ESTATE OF _____, DECEASED

CASE NO. _____

**NOTICE TO ADMINISTRATOR OF
MEDICAID ESTATE RECOVERY PROGRAM**

[R.C. 2117.061 AND 5162.21]

IF THE ESTATE OF THE DECEDENT IS SUBJECT TO THE MEDICAID ESTATE RECOVERY PROGRAM PURSUANT TO R.C. 5162.21, THIS NOTICE SHALL BE FILED WITH THE ADMINISTRATOR OF THE PROGRAM AT THE FOLLOWING ADDRESS:

**Medicaid Estate Recovery
150 E. Gay Street, 21st Floor
Columbus, Ohio 43215**

THIS NOTICE IS NOT A PUBLIC RECORD AND SHALL NOT BE FILED IN THE PROBATE COURT

The undersigned person responsible for the estate hereby states the following:

1. Name of Decedent: _____
2. Address of Decedent: _____
3. Date of Birth: _____ Age: _____
4. Date of Death: _____
5. Social Security Number: _____
6. Check all applicable boxes:

A copy of the Schedule of Assets (Form 6.1) or Assets and Liabilities (Form 5.1) is attached;

A schedule of any other real and personal property and other assets in which the decedent had any legal title or interest at the time of death (to the extent of the interest), including assets conveyed to a survivor, heir, or assign of the individual through joint tenancy, tenancy in common, survivorship, life estate, living trust, or other arrangement;

The spouse of the decedent was subject to the Medicaid estate recovery program, a separate notice is being submitted for the pre-deceased spouse.

Signature - Person Responsible for the Estate

Typed or Printed Name

Address

City, State, Zip

Telephone Number (include area code)

PROBATE COURT OF CUYAHOGA COUNTY, OHIO

ANTHONY J. RUSSO, Presiding Judge

LAURA J. GALLAGHER, Judge

ESTATE OF _____, DECEASED

CASE NO. _____

**CERTIFICATION OF NOTICE TO ADMINISTRATOR OF
MEDICAID ESTATE RECOVERY PROGRAM**

[R.C. 2117.061 AND 5162.21]

**THIS FORM SHALL BE FILED IN THE PROBATE COURT UPON COMPLETION OF
NOTICE TO ADMINISTRATOR**

The undersigned certifies that a Notice in compliance with Ohio Revised Code 2117.061 and 5162.21 was served upon the following by a method authorized by Civ.R. 73 on the _____ day of _____, 20____:

Medicaid Estate Recovery
150 E. Gay Street, 21st Floor
Columbus, Ohio 43215

Attorney for Applicant

Person Responsible for the Estate

Typed or Printed Name

Typed or Printed Name

Address

Address

City, State, Zip Code

City, State, Zip Code

Telephone Number (include area code)

Telephone Number (include area code)

Attorney Registration No. _____