

CASE NO. _____

The Plaintiff/Fiduciary represents that they are the duly appointed and qualified Fiduciary of the Estate of _____ having been appointed as said Fiduciary on _____, 20____, in Case No. _____.

The Plaintiff/Fiduciary further represents that said Decedent died seized of (the entire interest a fractional interest) in the following real estate located at _____, County of _____, State of Ohio, PPN: _____ and further described as follows (legal description):

Said real estate was included in the Inventory of the Decedent's Estate and appraised with a value of \$ _____, which is the value as near as can be ascertained.

The nature of the interest of the Decedent in such real estate is _____.

(Please properly identify the Decedent's interest in the real estate. Example: "an undivided fee simple in the entire parcel" or "an undivided one-half interest" or "a life-estate.")

All mortgages and other liens upon and/or adverse interests in such real estate are as follows:

Defendant (if applicable) _____ is the spouse of the Decedent.

Defendant(s) _____

are all the persons entitled to share in the estate of the Decedent upon distribution.

Defendant(s) _____

are lienholders whose claims affect such real estate or a part thereof.

Defendant(s) _____

are all of the other persons holding any right, title or interest in or to said real estate or any part thereof, who are necessary parties to this action.

The Plaintiff/Fiduciary represents that it is necessary to sell said real estate for the following reason(s):

- to pay the debts of the estate. (O.R.C. §2127.02)
- at the request of, and with the consent of, all persons entitled to share in the estate of the Decedent upon distribution. (O.R.C. §2127.04)

CASE NO. _____

The Plaintiff/Fiduciary prays that all the rights, interests and liens of the Defendant(s) be fully determined, adjusted and protected and that he/she may be authorized and ordered to sell the Decedent's interest in said real estate as directed by the Court.

Attorney for Plaintiff Signature

Typed or Printed Name

Address

City State Zip

Phone Number (include Area Code)

Email Address

Attorney Registration No. _____