

**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 W ill.

**(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.

**(Check, if applicable)**

- Decedent was a Medicaid recipient, and the estate is subject to the Medical Estate Recovery. Form 7.0 – Notice to Administrator of Estate Recover Program has been or will be filed, under R.C. 2117.061.

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.

CASE NO. \_\_\_\_\_

\_\_\_\_\_  
Attorney for Applicant

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
Phone Number (include Area Code)

\_\_\_\_\_  
Phone Number (include Area Code)

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Attorney Registration No. \_\_\_\_\_

\_\_\_\_\_  
Relationship to Decedent

### 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.

\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_

\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_



Name of Creditor	Nature of Debt	Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Total Debts		\$

**CERTIFICATION**

The undersigned appraiser agreed 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 above by a check in the "Appraised" column opposite each such item, and that such values are correct.

The undersigned applicant determined the value of those assets whose values were readily ascertainable and were not appraised by the appraiser, and that such values are correct, and to applicant's knowledge the above list of decedent's debts is correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Appraiser

\_\_\_\_\_  
Applicant