

**PROBATE COURT OF CUYAHOGA COUNTY, OHIO**

**Anthony J. Russo, Presiding Judge  
Laura J. Gallagher, Judge**

ESTATE OF \_\_\_\_\_, DECEASED

CASE NUMBER \_\_\_\_\_

**APPLICATION FOR APPOINTMENT OF A COMMISSIONER  
TO REPORT ON THE CONTENTS OF A SAFE DEPOSIT BOX**

Applicant states that decedent died on \_\_\_\_\_.

Decedent's domicile at death was \_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY OR VILLAGE, OR TOWNSHIP IF UNINCORPORATED AREA COUNTY

\_\_\_\_\_  
POST OFFICE STATE ZIP CODE

Applicant requests the appointment of \_\_\_\_\_, an attorney  
PRINT OR TYPE ATTORNEY NAME

at law licensed in the State of Ohio, as Commissioner to review and report the contents of decedent's  
safe deposit box located at \_\_\_\_\_, a financial institution in the  
PRINT OR TYPE BANK NAME

City/Township of \_\_\_\_\_, State of Ohio.  
PRINT OR TYPE BANK CITY

Applicant requests that the Commissioner be permitted to remove the decedent's Will(s) and Codicil(s) from the  
safe deposit box and deliver the Will(s) and Codicil(s) to the Court, for admission to probate, along with a written report of  
the contents of the safe deposit box.

A Form 1.0 and a copy of the decedent's death certificate are attached to this Application.

\_\_\_\_\_  
Attorney Signature

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
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.

**PROBATE COURT OF CUYAHOGA COUNTY, OHIO**

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**ESTATE OF \_\_\_\_\_, DECEASED**

**CASE NUMBER \_\_\_\_\_**

**SURVIVING SPOUSE, CHILDREN, NEXT OF KIN, LEGATEES AND DEVISEES  
(R.C. 2105.06, 2106.13 2107.19)**

[Use with those applications or filings requiring some or all of the information in this form, for notice or other purposes.  
Update as required.]

The following are decedent's known surviving spouse, children, and the lineal descendants of deceased children. If none, the following are decedent's next of kin who are or would be entitled to inherit under the statutes of descent and distribution.

Name	Residence Address	Relationship to Decedent	Birthdate of Minor
		Surviving Spouse	

[Check whichever of the following is applicable]

- The surviving spouse is the natural or adoptive parent of all of the decedent's children.
- The surviving spouse is the natural or adoptive parent of at least one, but not all of decedent's children.
- The surviving spouse is not the natural or adoptive parent of any of the decedent's children.
- There are minor children of the decedent who are not the children of the surviving spouse.
- There are minor children of the decedent and no surviving spouse.



**PROBATE COURT OF CUYAHOGA COUNTY, OHIO**

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ESTATE OF \_\_\_\_\_, DECEASED

CASE NUMBER \_\_\_\_\_

**WAIVER AND CONSENT OF NEXT OF KIN, LEGATEES, AND  
DEVISEES OF APPOINTMENT OF COMMISSIONER**

(To Report on the Contents of a Safe Deposit Box)

The undersigned hereby waives notice of the hearing on the Application to Appoint a Commissioner, and consents to the appointment of \_\_\_\_\_ as Commissioner, to open the decedent's safe deposit box in the presence of an employee of \_\_\_\_\_ and the applicant, \_\_\_\_\_, and to inventory the safe deposit box and bring the report of the contents and any Will(s) and/or Codicil(s) of the decedent to the Court.

_____	_____
_____	_____
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