PROBATE COURT OF CUYAHOGA COUNTY, OHIO
ANTHONY J. RUSSO, Presiding Judge
LAURA J. GALLAGHER, Judge

ESTATE OF _____, DECEASED

CASE NUMBER _____

APPLICATION TO REOPEN ESTATE AND APPOINT FIDUCIARY
[This Application may NOT be used to reopen a case in which the fiduciary was removed and the case was dismissed.]

Applicant states that the decedent died on _____ that his/her estate was administered in Cuyahoga County, and that the fiduciary was discharged on _____. Applicant asks that the estate be reopened and that he/she be qualified as the _____ for the following reason(s):

☐ Newly Discovered Assets: (A Report of Newly Discovered Assets to be separately filed after fiduciary is (re)appointed.)

Nature of Asset(s): _____

_____

☐ There is a wrongful death or survival action or litigation (in favor of/against) the estate pending in (specify the court, case number, and trial date): _____

_____

☐ Other Claim(s):

Nature of Claim(s):_____

_____

☐ Other (please specify): _____

_____

[Check one of the following:]

☐ The decedent's will waives bond or bond is not required by law.

☐ Applicant offers the attached bond in the amount of $_____

[Check one of the following:]

Applicant is:

☐ Prior fiduciary of the estate (Completed Form 1.0, Surviving Spouse, Children, Next of Kin, Legatees and Devisees, attached)

☐ Alternate fiduciary named in decedent's will (Completed Form 1.0, Surviving Spouse, Children, Next of Kin, Legatees and Devisees, and Form 4.0, Application for Authority to Administer Estate, attached)

CASE NO. _____

☐ Sole beneficiary under decedent's will or sole heir at law (Completed Form 1.0, Surviving Spouse, Children, Next of Kin, Legatees and Devisees, and Form 4.0, Application for Authority to Administer Estate, attached)

☐ A next-of-kin (Completed Form 1.0, Surviving Spouse, Children, Next of Kin, Legatees and Devisees, and Form 4.0, Application for Authority to Administer Estate, attached)

☐ Other (Completed Form 1.0, Surviving Spouse, Children, Next of Kin, Legatees and Devisees, and Form 4.0, Application for Authority to Administer Estate, attached):

_____

_____

_____
Attorney for Applicant

_____
Typed or Printed Name

_____
Address

_____
City State Zip

_____
Phone Number (include Area Code)

_____
Email Address

Attorney Registration No. _____

_____
Applicant

_____
Typed or Printed Name

_____
Address

_____
City State Zip

_____
Phone Number (include Area Code)

_____
Email Address