

**PROBATE COURT OF CUYAHOGA COUNTY, OHIO**

ANTHONY J. RUSSO, PRESIDING JUDGE

LAURA J. GALLAGHER, JUDGE

IN THE MATTER OF THE GUARDIANSHIP OF \_\_\_\_\_

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

**APPLICATION TO PAY OR DELIVER ESTATE OF AN INCOMPETENT ADULT  
WITHOUT APPOINTMENT OF A GUARDIAN OF ESTATE**

(R.C. 2111.05)

Now comes the undersigned and represents that \_\_\_ he is Guardian of the Person of \_\_\_\_\_, aged \_\_\_\_\_ years, who resides at \_\_\_\_\_, who was on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, adjudged an incompetent person by the Probate Court of Cuyahoga County. The Guardian of the Person further represents that the above named person is the owner of, or entitled to receive property, not exceeding in value the sum of \$25,000.00, described as follows: \_\_\_\_\_

The Guardian of the Person further represents that the above listed property constitutes the entire estate of the person and that \_\_\_ he has no legally appointed Guardian of the Estate.

The Guardian of the Person further represents that the funds or property received will be deposited or used for the benefit of the ward as follows:

Funds to be deposited and held in a depository authorized to receive fiduciary funds; Verification of Receipt and Deposit, Form 22.3B, shall be filed with the Court within thirty days.

Funds to be released to the Guardian of the Person and expended for the benefit of the ward as follows: \_\_\_\_\_

\_\_\_\_\_  
Attorney for Guardian

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

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Telephone Number (include area code)

\_\_\_\_\_  
Registration Number

\_\_\_\_\_  
Guardian of Person

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

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Telephone Number (include area code)