

**IN THE COURT OF COMMON PLEAS  
PROBATE DIVISION  
MEDINA COUNTY, OHIO  
JUDGE KEVIN W. DUNN**

Attached to this cover sheet is a series of forms. Filling out a form is an act with which we are all familiar. However, filling in the blanks in the forms which are included in this packet, is not the same as filling out forms in other situations. Filling in the blanks in a court form in this packet is the preparation of a legal pleading. A legal pleading is a formal, written request for the court to take a particular action, the applicant or movant seeks the court to take. The words used have specific legal meanings. The pleadings and actions of the court are governed by complex statutory and case law. The timing of the pleadings, that is, when they are filed and the deadlines specified in the law are critical to the success of the application or pleading.

If pleadings are not prepared correctly according to law or when deadlines specified in the law are not met, the court must deny the application or the motion because it failed to comply with the requirements of the law. This results in delay, unnecessary expense and a failure to reach the objective you may want to achieve, but the court has no alternative but to dismiss or deny pleadings which are incorrectly prepared.

The court clerks who provide you with the packet of forms, as non-lawyers, are not permitted to assist you nor instruct you in person or by phone as to how the forms should be prepared or what legal action should be taken.

The act of assisting you or advising you in that way is prohibited by law since it constitutes an unauthorized practice of the law which is prohibited by Ohio Code of Professional Responsibility Canon 3. If you are assisting another person by filling out forms for them, you may also be engaging in the unauthorized practice of law.

If you chose to represent yourself, the court will respect your choice, however, we do wish to caution you that you may ultimately be frustrated in your attempt to process your own legal case. If you wish to seek the advice of an attorney, we refer you to the telephone book – check attorney listings for attorneys practicing in the subject area of probate law.

You may wish to contact the Medina County Bar Association Lawyer Referral Service by calling 330-725-9794, Monday – Friday from 8:00 AM to 4:30 PM. If you cannot afford an attorney, please contact Community Legal Aid Services at 1-800-998-9454.

We hope that you will understand that the court is interested in providing the best service possible to the public while protecting the rights of the persons affected by the law.

  
\_\_\_\_\_  
KEVIN W. DUNN, PROBATE JUDGE

# PROBATE COURT OF MEDINA COUNTY, OHIO

Kevin W. Dunn, Judge

IN THE MATTER OF: \_\_\_\_\_

Case No. \_\_\_\_\_

## SELF-REPRESENTATION ACKNOWLEDGEMENT

I acknowledge that I have read, understand and agree with all of the following statements:

1. The Court strongly recommended that I hire an attorney to represent me in this case. Contrary to the Court's recommendation, I have chosen to proceed with this case on my own without the assistance of an attorney.
2. I have the time, knowledge and ability to handle all aspects of this case correctly without assistance from the Court or any other person.
3. The Court and its Deputy Clerks are prohibited by law from assisting me with any aspect of this case, including without limitation determining what forms I am required to file and how to complete those forms.
4. The Court and its Deputy Clerks cannot provide me with any information regarding how to properly handle this case beyond the information on the Court's website: [www.MedinaProbate.org](http://www.MedinaProbate.org).
5. I am responsible for understanding and correctly applying those portion of the Ohio Revised Code, Rules of Superintendence for the Courts of Ohio, Medina County Probate Court Local Rules of Practice, and all other rules, regulations, policies and case law that relate to this case.
6. The Court will hold me to the same standards that apply to attorneys and persons represented by attorneys in similar probate proceedings.
7. I have a duty to act fairly, honestly, impartially and in the mutual best interest of all persons or entities that may have an interest in this case. I also have a duty to not do anything in my self-interest that is detrimental or harmful to others.
8. I may be personally liable to any person or entity that suffers financial damages as a result of anything I do in this case that does not comply with the legal requirements that apply to this case.
9. If I violate anything in this Self-Representation Acknowledgement, the Court may terminate my authority to proceed further with this case, or may require that I must be represented by an attorney to continue with this case.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Typed or printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

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

\_\_\_\_\_  
E-mail Address

**PROBATE COURT OF MEDINA COUNTY, OHIO**

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

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

**APPLICATION FOR SUMMARY RELEASE FROM ADMINISTRATION  
[R.C. 2113.031]**

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]

- The applicant is decedent's surviving spouse entitled to one hundred percent of the allowance for support and decedent's funeral and burial expenses have been prepaid or the surviving spouse has paid or is obligated in writing to pay decedent's funeral and burial expenses and the value of the assets does not exceed the \$40,000 allowance for support under R. C. 2106.13(B) plus an amount not exceeding \$5,000 for decedent's funeral and burial expenses.
- The applicant, who is not the surviving spouse, has paid or is obligated in writing to pay decedent's funeral and burial expenses and the value of the assets is the lesser of \$5,000 or the amount of decedent's funeral and burial expenses.

Attached hereto is a receipt, contract or other document that confirms the applicant's payment or obligation to pay decedent's funeral and burial expenses or if the applicant is the surviving spouse, the prepayment receipt, if applicable.

The decedent's surviving spouse, next of kin, legatees and devisees known to applicant, are listed on attached Form 1.0.

Applicant states that there are no pending proceedings for the administration of decedent's estate or relief of decedent's estate from administration under R. C. 2113.03.

All known assets with date of death values of the estate are as follows:

- Motor vehicles (include year, make, model, body type, manufacturer's vehicle identification number and Certificate of Title number)  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

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

- Accounts maintained by a Financial Institution (include financial institution name and the account's complete identifying number):

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

- Stocks and Bonds (include for each stock or bond its serial number, the name of its issuer, the name and address of its transfer agent, and the total number of shares of stocks or bonds):

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

- Real estate described in accompanying Form 12.0 Application for Certificate of Transfer and Form 12.1 Certificate of Transfer and date of death value. **[Attach verification of value.]**

\$ \_\_\_\_\_

- Other assets and date of death values

\_\_\_\_\_ \$ \_\_\_\_\_

Total Assets \$ \_\_\_\_\_

Applicant requests an order granting summary release.

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

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

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

\_\_\_\_\_  
Applicant's Typed or Printed Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

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

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

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

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

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

Signed and acknowledged by the applicant in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public/Deputy Clerk

**PROBATE COURT OF MEDINA COUNTY, OHIO**

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

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

**SURVIVING SPOUSE, CHILDREN, NEXT OF KIN,  
LEGATEES AND DEVISEES**

[O.R.C. § 2105.06, 2106.13 and 2107.19]

**[Use with those applications or filings requiring some of 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.

<b>NAME</b>	<b>Residence Address</b>	<b>Relationship To Decedent</b>	<b>Birth date of Minor</b>
		Surviving Spouse	

[Check whichever of the following is applicable.]

- The surviving spouse is the natural or adoptive parent of all 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 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 MEDINA COUNTY, OHIO**

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

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

**ENTRY GRANTING SUMMARY RELEASE FROM ADMINISTRATION**

[O.R.C. § 2113.031]

The Court finds that the application by \_\_\_\_\_, satisfies all requirements of O.R.C. § 2113.031 and therefore summarily releases the estate from administration and directs:

- The delivery to the applicant of decedent's personal property as set forth in the application with the title to that property.
  
- That Certificate(s) of Transfer, attached to the application, be issued.

A certified copy of this Order together with a certified copy of the application for this order constitutes sufficient authority for a financial institution, corporation or other entity or person referred to in division (A) to (F) of Section §5731.39 of the Revised Code or for a Clerk of a Court of Common Pleas to transfer title to the applicant of an asset of the decedent's estate listed in the application.

This Order eliminates the needs for a financial institution, corporation or other entity or person to be provided a written consent of the tax commissioner prior to the delivery, transfer, or payment to the applicant of an asset of the decedent's estate listed in the application.

This Order eliminates the duty of all persons to file an Ohio Estate Tax Return exclusively for the assets listed in the application.

\_\_\_\_\_  
Date

\_\_\_\_\_  
PROBATE JUDGE

# PROBATE COURT OF MEDINA COUNTY, OHIO

IN THE MATTER OF: \_\_\_\_\_

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

## CONFIDENTIAL DISCLOSURE OF PERSONAL IDENTIFIERS

[Rule 45(D) of the Rules of Superintendence for the Courts of Ohio]

	Complete Personal Identifier	Institution	Abbreviation	Form No.	Filing Date
Ex.	123-45-6789	Social Security	6789	22.3	7/1/2009
Ex.	001234567	Anytown Bank Checking	Anytown #1	6.1	7/1/2009
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____

Check if additional pages are attached

\_\_\_\_\_  
Signature of Filing Party

\_\_\_\_\_  
Printed Name

Date: \_\_\_\_\_

This is page \_\_\_\_\_ of \_\_\_\_\_ pages