

MIAMI COUNTY PROBATE COURT

(www.miamicountyohio.gov)

ESTATE - SUMMARY RELEASE FROM ADMINISTRATION CHECKLIST

- Forms must be typewritten or printed in ink (Local Rule 51.1, 52.1, 57.1)
- Decedent died a resident of Miami County (RC 2113.01)
- There may be additional requirements based upon the specific circumstances in the case
- There may be additional costs owing in this case

INITIAL FILINGS / REQUIREMENTS:

Court costs paid at time of filing (Local Rule 58.1)

Letter from Special Counsel to the Ohio Attorney General: Every applicant who seeks a summary release, a release of estate from administration or the administration of any estate shall file with the Court a completed Medicaid Recovery Acknowledgement. This can be in the form of a letter obtained from the Special Counsel to the Ohio Attorney General.

(Local Rule 62.1)

In order to comply with this rule, you may mail a letter to attorney Stan Evans, Special Counsel to the Ohio Attorney General, with this request. You must include the decedent's social security number. The attorney will mail you a reply which you will file with the Court.

The address for the attorney is:

Stan Evans, Special Counsel to the Ohio Attorney General
Elsass, Wallace, Evans & Co., L.P.A.
PO Box 499
Sidney, OH 45365

Copy of Death Certificate

Form SOI – Statement of Intent

Form APP WRO - Application to File Will for Record Only (Local Rule 59.1)

City, Village or Township if unincorporated area (list city / village if decedent lived within the city / village limits; list township if decedent lived outside the city / village limits)

Post Office shall be listed (list city in which the decedent's mail was addressed)

Original Last Will and Testament (Local Rule 59.1)

Will should be signed by testator and witnessed by two persons (RC 2107.03)

If Will references a List or some other documents where specific items are to be given to someone, include that List or other document or provide an attorney statement addressing the List / other document

Form 1.0 – Surviving Spouse, Next of Kin, Children, Legatees and Devisees (RC 2105.06, 2106.13, 2107.19, Local Rule 59.1)

Page 1: If there is no spouse and no children, parents shall be listed, even if deceased

Form Aff-3 – Affidavit Listing Three Attempts (Local rule 59.1)

Necessary for any unknown persons or if any persons whose addresses are unknown

Additional \$5.00 cost

Page 1: Names shall match those as stated in Will (if name is different, include AKA / FKA)

Page 2: Names for beneficiaries named in Will shall match those as stated in Will (if names are different, include AKA / FKA)

Page 2: If Will references an age / age limit for a beneficiary, include for reference the beneficiary's date of birth or that the beneficiary is older / younger than the age limit

Page 2: must be dated

Form 5.10 – Application for Summary Release from Administration (RC 2113.031, Local Rule 62.1)

City, Village or Township if unincorporated area (list city / village if decedent lived within city / village limits; list township if decedent lived outside the city / village limits)

Post Office shall be listed (list city in which the decedent's mail was addressed)

Page 1: If a motor vehicle is being listed, the applicant must include all information required

Page 2: If complete financial account numbers are not listed you must include form 45D

Form 45D – Confidential Disclosure of Personal Identifiers (Local Rule 45.1(C))

If there is real estate, provide verification of value. If the real estate is located in Miami County, you may provide a print out of the Miami County Auditor's valuation (Local Rule 61.1)

Page 2: Assets must be totaled

Assets cannot exceed limits as provided for in the Application

To be signed in the presence of a Probate Court clerk or a Notary

Funeral Bill

- Copy of paid receipt / signed funeral home contract / other document confirming applicant's payment or obligation to pay funeral and burial expenses OR
- If funeral bill was paid by life insurance, proof the applicant was the beneficiary of the insurance policy OR
- Medical University Letter stating body was donation OR
- Pre-payment receipt if surviving spouse is the applicant
- Form 5.11 – Entry Granting Summary Release from Administration** (RC 2113.031)
 - Applicant's name must be included in the body (1st paragraph)
 - Applicable box(es) must be checked
 - Once the Entry is signed by the judge, the attorney or applicant will receive 1 certified copy of the Application for Summary Release from Administration (Form 4.10) and 1 certified copy of the Entry Granting Summary Release from Administration (Form 5.11)
- Form 7.0(A) – Notice to Administrator of Medicaid Estate Recovery Program** (If decedent was fifty-five (55) years of age or older at the time of death and has been determined to have been a recipient of Medicaid assistance) (RC 2117.061, 5162.21, Local Rule 62.1)
 - This form is mailed, by certified mail, directly to Medicaid Estate Recovery and NOT filed with the Probate Court
- Form 7.0 - Certification of Notice to Administrator of Medicaid Estate Recovery Program** (If decedent was fifty-five (55) years of age or older at the time of death and has been determined to have been a recipient of Medicaid assistance) (RC 2117.061, 5162.21, Local Rule 62.1)
 - This form along with the green card (from the certified mail from Form 7.0(A)) is to be filed with the Court
- Form 12.0 - Application for Certificate of Transfer / Entry Issuing Certificate of Transfer** (RC 2113.61)
 - City, Village or Township if unincorporated area (list township if decedent lived outside the city limits)
 - Post Office shall be listed (list city in which the decedent's mail was addressed)
 - Page 1: Debts must be addressed
 - Applicable boxes to be checked
- Form 12.1 - Certificate of Transfer**

- Page 1: List Certificate of Transfer No.
- Provide legal description
- Provide parcel number
- Application for Extraordinary Attorney Fees** (Local Rule 71.2)
 - Signed by the applicant
 - Itemization attached as an exhibit
- Form CAF – Computation of Attorney Fees** (attached as an exhibit; must be computed and signed) (SupR 57, CivR 11, Local Rule 71.1)
 - Additional \$5.00 due
- Form MTCCH Motion to Continue Citation Hearing** (must use Court form) (Local Rule 56)

Notes
