

MIAMI COUNTY PROBATE COURT

(www.co.miami.oh.us)

ESTATE - RELEASE FROM ADMINISTRATION CHECKLIST

- Forms must be typewritten or printed in ink
- Decedent died a resident of Miami County (RC 2113.01)
- There may be additional requirements based upon the specific circumstances in the case

PRECEDING COMMISSIONER APPOINTMENT

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

___ **Form 2.0 - Application to Probate Will with Entry Admitting Will to Probate or Application to File Will for Record Only**

___ Original Last Will and Testament

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

___ **Form 1.0 - Surviving Spouse, Next of Kin, Children, Legatees and Devisees**

___ Beneficiaries named in Will listed on page 2 of Form 1.0

___ Names should match those stated in Will or include AKA's

___ **Form 5.0 - Application to Relieve Estate from Administration with Entry Setting Hearing and Ordering Notice**

___ Must state township if decedent lived in a township

___ Boxes checked for testate / intestate and for value of assets (RC 2113.03)

___ **Form 5.1 - Assets and Liabilities of Estate to be Relieved from Administration**

___ Provide verification of value for real estate

___ Funeral bill to be listed as a liability (state if paid outside of the estate)

___ Attorney fees to be listed as a liability (state if paid outside the estate)

___ Fiduciary fees, to be listed as a liability (state if paid outside the estate)

___ **Form 45D - Confidential Disclosure of Personal Identifiers**

___ Copy of the paid funeral bill or obligation to pay funeral/burial expenses

___ **Form 5.2 - Waiver of Notice of Application to Relieve Estate from Administration** (RC 2113.03)

___ **Form 5.3 - Notice of Application to Relieve Estate from Administration**, if applicable (RC 2113.03)

___ **Form 12.1 - Certificate of Transfer**

___ Provide legal description

___ Provide parcel number

___ Form 2.4 - Certificate of Service of Notice of Probate of Will

___ To be filed within two months of fiduciary's appointment, or if no fiduciary has been appointed, not later than two months after the admission of the will to probate (SupR 59, RC 2107.19)

___ Surviving spouse, persons who would be entitled to inherit under RC Chapter 2105 if testator had died intestate, and all legatees and devisees named in will either need to 1) receive **Form 2.2 - Notice of Probate of Will** AND / OR 2) sign **Form 2.1 - Waiver of Notice of Probate of Will** (SupR 59, CivR 73)

___ Applicable boxes to be checked

___ If Notice of Probate of Will was issued, copy of Notice and signed copies of green cards are to be filed

___ Form 102.42 - Waiver of Right to Contest Will (if applicable)

___ 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 medical assistance)

___ A copy of the green card is to be filed along with the Notice

___ Form 7.0(A) - Notice to Administrator of Medicaid Estate Recovery

___ This form is mailed directly to Medicaid Recovery and NOT filed with the Probate Court

___ Form 5.6 - Entry Relieving Estate from Administration (will not be approved until will contest period and the time to file a claim have expired)

___ Will contest period must have expired (or waiver filed)

___ Time to file a claim must have expired

___ All applicable boxes /paragraphs to be checked and completed

___ Priority debts (Attorney Fees, Fiduciary Fees, Funeral Bill, to be listed in section: That the following debts of decedent shall be paid to the extent of assets)

___ Form 45D - Confidential Disclosure of Personal identifiers

___ Attorney Fee Computation, form must be computed and signed (Local Rule 71.1)

___ Signature of ___ Applicant, ___ Fiduciary, ___ Attorney required (SupR 57, CivR 11)

PROCEEDING COMMISSIONER APPOINTMENT

___ Form 5.9 - Report of Distribution with Judgment Entry

___ To be filed within 60 days of the date of the Entry Relieving Estate from Administration

___ Receipts needed for all distributions

Notes _____
