

# SHELBY COUNTY PROBATE COURT

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## ESTATE CHECKLIST - NEW RELEASE FROM ADMINISTRATION

### PRECEDING COMMISSIONER APPOINTMENT

- \_\_\_ **Form 2.0** – Application to Probate Will / \_\_\_ Entry Admitting Will to Probate
- \_\_\_ Original Last Will and Testament
- \_\_\_ **Form 1.0** – Surviving Spouse, Next of Kin, Children, Legatees and Devisees
- \_\_\_ **Form 5.0** – Application to Relieve Estate from Administration / \_\_\_ **Form 5.01 (website)** Entry Setting Hearing and Ordering Notice
- \_\_\_ 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
- \_\_\_ Motor vehicles (*Local Rule 61.1E*)
  - \_\_\_ A. Should either be Appraised or copy of NADA/Kelley Blue Book values to be attached
  - \_\_\_ B. Median value of trade-in value and retail value listed in used car guide may be used as readily ascertainable value
- \_\_\_ Real property - need appraisal or copy of Auditor's valuation (*Local Rule 61.1D*)
- \_\_\_ **Form 5.2** - Waiver of Notice of Application to Relieve Estate from Administration (RC 2113.03) (if applicable)
- \_\_\_ **Form 5.3** – Notice of Application to Relieve Estate from Administration (RC 2113.03) (if applicable)
- \_\_\_ **Form 5.6** – Entry Relieving Estate from Administration
  
- \_\_\_ Security deposit for costs (Local Rule 58.1)
  
- \_\_\_ Decedent died a resident of Shelby County (RC 2113.01)
  
- \_\_\_ Will signed by testator and witnessed by two persons (RC 2107.03)
  
- \_\_\_ Beneficiaries named in Will listed on page 2 of Form 1.0
  
- \_\_\_ **Signature** of \_\_\_ Applicant \_\_\_ Fiduciary \_\_\_ Attorney required (*SupR 57, CivR 11*)

### PROCEEDING COMMISSIONER APPOINTMENT

- \_\_\_ **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, ORC 2107.19*)
  
  - \_\_\_ Next of kin and beneficiaries to receive Notice (Form 2.2) or Waive (Form 2.1) Notice; appropriate boxes to be checked; copy of notices and signed certified mail cards and/or waivers to be attached (*SupR 59, CivR 73*)
  
- \_\_\_ **Form 7.0 – Notice to Administrator of 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)

\_\_\_ **OTHER** \_\_\_\_\_

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