

PROBATE COURT OF SUMMIT COUNTY, OHIO
ELINORE MARSH STORMER, JUDGE

ESTATE OF _____, DECEASED

CASE NO. _____

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

[R.C. 2105.06, 2106.13 and 2107.19]

(Use with those applications or filings requiring some or 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.

Name _____	<u>SPOUSE</u>	
Address _____		Zip _____
Email Address _____		
Name _____	_____	_____
	(Relationship)	(Minor's Age)
Address _____		Zip _____
Email Address _____		
Name _____	_____	_____
	(Relationship)	(Minor's Age)
Address _____		Zip _____
Email Address _____		
Name _____	_____	_____
	(Relationship)	(Minor's Age)
Address _____		Zip _____
Email Address _____		
Name _____	_____	_____
	(Relationship)	(Minor's Age)
Address _____		Zip _____
Email Address _____		

[Check whichever of the following is applicable]

- ☐ The surviving spouse is the natural or adoptive parent of all of the decedent's children.
- ☐ The surviving spouse is the natural or adoptive parent of at least one, but not all, of the decedent's children.
- ☐ The surviving spouse is not the natural or adoptive parent of any of the 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.

CASE NO. _____

The following are the vested beneficiaries named in the decedent's will:

Name _____
Address _____ Zip _____ (Minor's Age)
Email Address _____

Name _____
Address _____ Zip _____ (Minor's Age)
Email Address _____

Name _____
Address _____ Zip _____ (Minor's Age)
Email Address _____

Name _____
Address _____ Zip _____ (Minor's Age)
Email Address _____

Name _____
Address _____ Zip _____ (Minor's Age)
Email Address _____

Name _____
Address _____ Zip _____ (Minor's Age)
Email Address _____

Name _____
Address _____ Zip _____ (Minor's Age)
Email Address _____

Name _____
Address _____ Zip _____ (Minor's Age)
Email Address _____

[Check whichever of the following is applicable]

- ☐ The will contains a charitable trust or a bequest or devise to a charitable trust, subject to R.C. 109.23 to 109.41.
☐ The will is not subject to R.C. 109.23 to 109.41 relating to charitable trusts.

Date

Applicant Email Address

Date

Applicant Email Address

Signature of Applicant (or give other title)

Applicant Printed Name (or give other title)

Signature of Applicant (or give other title)

Applicant Printed Name (or give other title)

**PROBATE COURT OF SUMMIT COUNTY, OHIO
ELINORE MARSH STORMER, JUDGE**

ESTATE OF _____, DECEASED

CASE NO. _____

APPLICATION TO RELEASE DECEDENT'S MEDICAL RECORDS

[R.C. 2113.032]

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 _____

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

(Check all that apply)

- ☐ Applicant is a resident of the state of Ohio who is eligible to be appointed administrator of decedent's estate as
- ☐ the surviving spouse of decedent;
- ☐ other next of kin of decedent, or
- ☐ another person suitable to be appointed administrator.

Applicant requests an order authorizing the release of the decedent's medical records and medical billing records for the limited purpose of evaluating a potential wrongful death claim or a personal injury and survivorship action on behalf of decedent.

Attorney for Applicant's Signature

Applicant's Signature

Attorney for Applicant's Typed or Printed Name

Applicant's Typed or Printed Name

Address

Address

City State Zip

City State Zip

Telephone Number (include area code)

Telephone Number (include area code)

Attorney Email Address

Applicant's Email Address

Attorney Registration No. _____

**PROBATE COURT OF SUMMIT COUNTY, OHIO
ELINORE MARSH STORMER, JUDGE**

ESTATE OF _____, DECEASED

CASE NO. _____

**NOTICE OF APPLICATION TO RELEASE MEDICAL RECORDS AND
MEDICAL BILLING RECORDS**

[R.C. 2113.032]

To the following persons:

Name

Address

City, State Zip

Email Address

Name

Address

City, State Zip

Email Address

Name

Address

City, State Zip

Email Address

Name

Address

City, State Zip

Email Address

_____ has filed an application in this Court seeking the release of the decedent's medical records and medical billing records for use in evaluating a potential wrongful death, personal injury, or survivorship action on behalf of the decedent.

You are one of the above named decedent's next of kin and are therefore entitled to notice of the pending Application to Release Medical Records and Medical Billing Records. The Court shall issue an order not earlier than ten (10) days of the transmission of this Notice.

The Application to Release Medical Records and Medical Billing Records shall be heard before the Summit County Probate Court, located at 209 S. High Street, Akron, Ohio 44308;

on the _____ day of _____, 20__ at _____ o'clock.

**PROBATE COURT OF SUMMIT COUNTY, OHIO
ELINORE MARSH STORMER, JUDGE**

ESTATE OF _____, DECEASED

CASE NO. _____

WAIVER OF NOTICE AND CONSENT

[R.C.2113.032]

Application of _____ for release of medical records and medical billing records of the above named decedent.

The undersigned, being the next of kin of the above named decedent, hereby waive notice and consent to the release of medical records and medical billing records of the above named decedent.

Signature

Printed Name

Signature

Printed Name

Signature

Printed Name

Signature

Printed Name

Signature

Printed Name

Signature

Printed Name

Signature

Printed Name

Signature

Printed Name

Signature

Printed Name

Signature

Printed Name

Signature

Printed Name

**PROBATE COURT OF SUMMIT COUNTY, OHIO
ELINORE MARSH STORMER, JUDGE**

ESTATE OF _____, DECEASED

CASE NO. _____

ORDER AUTHORIZING RELEASE OF DECEDENT'S MEDICAL RECORDS
[R.C. 2113.032]

This matter comes before the court upon the Application Seeking Release of Decedent's Medical Records filed on _____

Decedent died a resident of Summit County, Ohio, on _____

Decedent's known surviving spouse, next of kin, legatees, and devisees who did not waive notice were sent a copy of the application on _____.

At least ten days have elapsed since the probate court transmitted a copy of the application to those persons listed on the decedent's estate form.

Upon review, the Application is:

☐ **DENIED.**

It is therefore ORDERED that this matter be terminated and the file closed without prejudice.

☐ **GRANTED.**

All providers that provided medical care or treatment to decedent are hereby ORDERED to release decedent's medical records and medical billing records directly to:

Name

Address

for the limited purpose of deciding whether or not to file a wrongful death, personal injury, or survivorship action. The medical records and medical billing records are confidential and shall not be made available for public viewing unless otherwise provided for by law or subsequent court order.

Upon obtaining the requested applicable records and before the expiration of the applicable statute of

limitations, _____ is ORDERED to file a report with the court certifying that all requested medical records and medical billing records have been received and shall indicate whether an administration of the decedent's estate will be filed.

Date

JUDGE ELINORE MARSH STORMER, Probate Judge

**PROBATE COURT OF SUMMIT COUNTY, OHIO
ELINORE MARSH STORMER, JUDGE**

ESTATE OF _____, DECEASED

CASE NO. _____

**REPORT OF RECEIPT OF MEDICAL RECORDS AND MEDICAL BILLING
RECORDS**
[R.C. 2113.032]

Now comes _____, who was authorized to receive the Decedent's medical records and medical billing records, and hereby certifies that all requested medical records and medical billing records have been received.

☐ An application to administer decedent's estate will not be filed.

☐ An application to administer decedent's estate will be filed prior to the expiration of the applicable statute of limitations.

Signature

Typed or Printed Name

Address

City, State, Zip

Phone Number

PROBATE COURT OF SUMMIT COUNTY, OHIO
ELINORE MARSH STORMER, JUDGE

IN THE MATTER OF _____

CASE NO. _____

SELF-REPRESENTATION ACKNOWLEDGMENT

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

1. The Court strongly recommends that I hire an attorney to represent me. However, I choose to proceed to represent myself without the assistance of an attorney. By law, the Court must hold me to the same standards that apply to attorneys.
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. I understand that the Court and its Deputy Clerks are prohibited by law from assisting me with any aspect of this case, including determining what forms I am required to file and how to complete those forms. They can only direct me to the Court's website www.SummitOhioProbate.com
4. I am responsible for understanding and correctly applying the applicable Ohio Revised Code sections, Rules of Superintendence, Local Rules of Practice, and other rules, regulations, policies and case law.
5. I have a duty to act fairly, honestly, impartially and in the best interest of all persons or entities with an interest in this case. I may not act in my own self-interest.
6. 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 applicable legal requirements.
7. If I violate anything in this Self-Representation Acknowledgement, the Court may terminate my authority to proceed further, may require that I be represented by an attorney to continue with this case or may impose financial sanctions.

Signature Fiduciary/Applicant/Guardian/Litigant

Type or Print Name

Address

City

State

Zip

Telephone Number (include area code)

Email Address