Reset Form

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

ESTATE OF _____, DECEASED

CASE NO. _____

## APPLICATION TO PROBATE WILL
(R.C. 2107.11, 2107.18, and 2107.19)

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

A document purporting to be decedent's last will is attached and offered for probate, and applicant waives notice of probate of this will.

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

_____
Attorney for Applicant Signature

_____
Typed or Printed Name

_____
Address

_____
City State Zip

_____
Phone Number (Include Area Code)

_____
Attorney Email Address

Attorney Registration No. _____

_____
Applicant Signature

_____
Typed or Printed Name

_____
Address

_____
City State Zip

_____
Phone Number (Include Area Code)

_____
Applicant Email Address

## WAIVER OF NOTICE OF PROBATE OF WILL

The undersigned, being persons entitled to notice of the probate of this will, waive such notice. After a certificate is filed evidencing these waivers and any notices given, any action to contest the validity of this will must be filed no more than three months after the filing of the certificate for estates of decedents who die on or after January 1, 2002 and no more than four months after the filing of the certificate for estates of decedents who die before January 1, 2002.

_____ _____

_____ _____

_____ _____

_____ _____

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# ENTRY ADMITTING WILL TO PROBATE

The Court finds that the purported will of decedent, either on its face or from testimony of the witnesses, complies with the applicable law. It is therefore admitted to probate, and ordered recorded. The Court further orders that notice of the probate be given to all parties entitled to notice.

IT IS SO ORDERED.

_____
Date

JUDGE ELINORE MARSH STORMER

# CERTIFICATE OF WAIVER OF NOTICE

The undersigned states that all persons entitled to notice:

**(Check applicable boxes)**

- ☐ Have waived notice of the application for probate of this will or of a contest as to jurisdiction.
- ☐ Have waived notice of this will's admission to probate. The waivers are filed herein.
- ☐ Have not been notified because their names or places of residence are unknown and cannot with reasonable diligence be ascertained.

_____
Print or Type Name

_____
Signature

- ☐ Fiduciary
- ☐ Applicant for the admission of this will to probate
- ☐ Applicant for a release from administration
- ☐ Other interested person
- ☐ Attorney for any of the above

Attorney Registration No. _____

**PROBATE COURT OF SUMMIT COUNTY, OHIO** Reset Form

**ESTATE OF _____, DECEASED**

**CASE NO. _____**

# WAIVER OF NOTICE OF PROBATE OF WILL

**(R.C. 2107.19(A)(2))**

The undersigned, being persons entitled to notice of the probate of this will, waive such notice. After a certificate is filed evidencing these waivers and any notices given, any action to contest the validity of this will must be filed no more than three months after the filing of the certificate for estates of decedents who die on or after January 1, 2002 and no more than four months after the filing of the certificate for estates of decedents who die before January 1, 2002.

| | |
|---|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

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

ESTATE OF _____, DECEASED

CASE NO. _____

## CERTIFICATE OF SERVICE OF NOTICE OF PROBATE OF WILL
[R.C. 2107.19(A)(3)]

The undersigned states that all persons entitled to notice:

(**Check all applicable boxes)**

- ☐ Have waived notice of the admission of this will to probate. The waivers are filed herein.
- ☐ Have received notice of the admission of this will to probate.
- ☐ Have been notified of the hearing on the probate of this will or a contest as to jurisdiction.
- ☐ Evidence of notification is filed herein.
- ☐ Have not been notified because their names or places of residence are unknown and cannot with reasonable diligence be ascertained.

_____
Print or Type Name

_____
Signature

- ☐ Fiduciary
- ☐ Applicant for the admission of this will to probate
- ☐ Applicant for a release from administration
- ☐ Other interested person
- ☐ Attorney for any of the above

Attorney Registration No. _____

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# 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 _____ SPOUSE
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 _____

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.

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

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

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

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

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

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

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

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

Name _____ _____ (Minor's Age)
Address _____ Zip _____
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 Signature of Applicant (or give other title)

_____ _____
Applicant Email Address Applicant Printed Name (or give other title)

_____ _____
Date Signature of Applicant (or give other title)

_____ _____
Applicant Email Address 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

_____
Attorney for Applicant's Typed or Printed Name

_____
Address

_____
City State Zip

_____
Telephone Number (include area code)

_____
Attorney Email Address

Attorney Registration No. _____

_____
Applicant's Signature

_____
Applicant's Typed or Printed Name

_____
Address

_____
City State Zip

_____
Telephone Number (include area code)

_____
Applicant's Email Address

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# 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 | _____ Name |
| _____ Address | _____ Address |
| _____ City, State Zip | _____ City, State Zip |
| _____ Email Address | _____ Email Address |
| _____ Name | _____ Name |
| _____ Address | _____ Address |
| _____ City, State Zip | _____ City, State Zip |
| _____ Email Address | _____ 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.

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# 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 |

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# 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

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# 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

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# 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