

PROBATE COURT OF CLARK COUNTY, OHIO
Richard P. Carey, JUDGE

ESTATE OF: _____, **DECEASED**

CASE NO. _____

SOLE ASSET: CERTIFICATE OF TRANSFER

Applicant states that decedent died testate intestate on _____

Decedent's domicile was _____
Street Address

City or Village, or Township if unincorporated area County

Post Office State Zip Code

The following documents are attached for filing.

1. Original Will, Application to Probate Will [Form 2.0] Waiver of Notice of Probate of Will [Form 2.1], and Certificate of Service [Form 2.4] **OR** Not Applicable
2. ET 22 (DOD prior to 1/1/2013) **OR** Not Applicable
3. Surviving Spouse, Next of Kin, Legatees and Devisees, [Form 1.0]
4. Application for Certificate of Transfer [Form 12.0]
5. Certificate of Transfer [Form 12.1]
6. Auditor's Value/Original Appraisal (DOD Value)
7. Paid Funeral Bill
8. Affidavit of Explanation (DOD, Heirs, Reason there will be no estate filed)

Applicant states that decedent was not a Medicaid recipient, the real estate described in the Certificate of Transfer is the only probate asset, and it has been six months since the date of death.

 Attorney for Applicant

 Applicant's Signature

 Typed or Printed Name

 Typed or Printed Name

 Address

 Address

 City, State Zip

 City, State Zip

 Telephone Number (include area code)

 Telephone Number (include area code)

 Attorney Registration No.