

PICKAWAY COUNTY COMMON PLEAS COURT
PROBATE & JUVENILE DIVISIONS

207 South Court Street, Circleville, Ohio 43113-1648

JAN MICHAEL LONG
JUDGE

PROBATE: (740) 474-3950
JUVENILE: (740) 474-3117
FAX: (740) 474-8451

To: Applicant for Appointment as Commissioner for Estate
From: Jan Michael Long, Probate Judge for Pickaway County, Ohio

You are preparing to file an Application to Relieve an Estate from complete administration by the Court. While the law provides for this simplified procedure, please keep in mind that often there may be other questions or even legal issues that arise that delay or prevent a quick process.

Also, please note that even though the Deputy Clerks of this office will assist you in any way they may legally do so, Ohio law prohibits our Clerks from providing legal advice. If you ask them a question and they cannot respond because of this prohibition, please remember that they are only following my instructions to prevent them from violating that law.

Once you have completed the Application and other accompanying forms, you may give them to the Clerks to file. **THEY WILL NOT BE IMMEDIATELY APPROVED.** The Court will review the Application and proposed Entry. If your Entry does not follow the terms of the Deceased's Last Will and Testament or if there is no Will and the distribution of property does not follow the Ohio laws of Intestate Succession, the Court will either submit to you a modified Entry which would be signed or reject your proposed Entry and allow you to consult with your attorney.

If you do have any legal questions, you are encouraged to obtain legal advice from your attorney.

Thank you for your cooperation in working with our Clerks on this and good luck in completing the Relief from Administration.

When filing the attached paperwork we will also need the following:

1. \$73.00 Court Cost
2. Copy of the Death Certificate
3. Copy of the Paid funeral bill

Very Truly Yours,

Jan Michael Long, Judge

PROBATE COURT OF PICKAWAY COUNTY, OHIO
JAN MICHAEL LONG, 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

Applicant

Typed or Printed Name

Typed or Printed Name

Address

Address

City, State, Zip Code

City, State, Zip Code

(_____) _____
Telephone Number

(_____) _____
Telephone Number

S. Ct. Atty. Regis. No.

WAIVER OF NOTICE OF PROBATE 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.

PROBATE COURT OF PICKAWAY COUNTY, OHIO
JAN MICHAEL LONG, JUDGE

ESTATE OF: _____, DECEASED
CASE NO. _____

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 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.

Date

Jan Michael Long, Probate Judge

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 of this will's admission to Probate.
- Have not been notified because their names or places of residence are unknown and cannot with reasonable diligence be ascertained.

- _____
 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 PICKAWAY COUNTY, OHIO
JAN MICHAEL LONG, 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	Residence Address	Relationship to Decedent	Birthdate of Minor
<u>Surviving Spouse</u>			

[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.

PROBATE COURT OF PICKAWAY COUNTY, OHIO
JAN MICHAEL LONG, JUDGE

ESTATE OF: _____, DECEASED
CASE NO. _____

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

Name	Residence Address	Birthdate of Minor
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

[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 (or give other title)

PROBATE COURT OF PICKAWAY COUNTY, OHIO
JAN MICHAEL LONG, JUDGE

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 (3) months after the filing of the certificate for estates of decedents who die on or after January 1, 2002 and no more than four (4) months after the filing of the certificate for estates of decedents who die before January 1, 2002.

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PROBATE COURT OF PICKAWAY COUNTY, OHIO
JAN MICHAEL LONG, JUDGE

ESTATE OF: _____, DECEASED
CASE NO. _____

APPLICATION TO RELIEVE ESTATE FROM ADMINISTRATION

[R.C. 2113.03]

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)

[Check one of the following]

- Decedent's will has been admitted
- To applicant's knowledge, Decedent did not leave a will

[Check one of the following]

- The assets are \$15,000 or less and Decedent died on or after January 1, 1976
- The assets are \$25,000 or less and Decedent died on or after October 20, 1987
- The assets are \$35,000 or less and Decedent died on or after November 9, 1994
- The assets are \$50,000 or less; the surviving spouse is entitled to all of the assets and the Decedent died on or after April 16, 1993
- The assets are \$85,000 or less; the surviving spouse is entitled to all of the assets and the Decedent died on or after September 14, 1993
- The assets are \$100,000 or less; the surviving spouse is entitled to all of the assets and the Decedent died on or after March 18, 1999

Applicant asks that the Estate be relieved from Administration because the assets do not exceed the statutory limits. A statement of the assets and liabilities of the Estate is listed on the attached Form 5.1.
The Decedent's surviving spouse, next of kin, legatees, and devisees known to applicant, are listed on the attached Form 1.0.

Attorney for Applicant

Applicant

Typed or Printed Name

Typed or Printed Name

Address

Address

City, State, Zip Code

City, State, Zip Code

(_____) _____
Telephone Number

(_____) _____
Telephone Number

Attorney Registration No.

WAIVER OF NOTICE

The undersigned surviving spouse, heirs at law, legatees, devisees, and other persons entitled to notice of the filing of the application to relieve Decedent's Estate from Administration, waive such notice.

ENTRY SETTING HEARING AND ORDERING NOTICE

The Court sets _____, at _____ as the date and time for hearing the application to relieve Decedent's Estate from Administration.

[Check one of the following]

- All notice is dispensed with as unnecessary
- Notice by publication to interested parties is dispensed with as unnecessary. Written notice shall be given, as provided by law the Rules of Civil Procedure, to those persons entitled to notice, who have not waived notice.
- Written notice is dispensed with as unnecessary. Notice by publication shall be given to interested parties as provided by law and the Rules of Civil Procedure
- Written notice shall be given to those persons entitled to notice, who have not waived notice, and notice by publication shall be given to interested parties, as provided by law and the Rules of Civil Procedure

Date

Jan Michael Long, Probate Judge

PROBATE COURT OF PICKAWAY COUNTY, OHIO
JAN MICHAEL LONG, JUDGE

ESTATE OF: _____, DECEASED
CASE NO. _____

Following is a list of Decedent’s known debts. [Use extras sheets if necessary.]

Name of Creditor	Nature of Debt	Amount
		\$
Total Debts		\$

CERTIFICATION

The undersigned appraiser agreed to act as appraiser of Decedent’s Estate, and to appraise the property exhibited truly, honestly. Impartially, and to the best of the appraiser’s knowledge and ability. The appraiser further says that those assets whose values were not readily ascertainable are indicated above by a check in the “Appraised” column opposite each such item, and that such values are correct.

The undersigned applicant determined the value of those assets whose values were readily ascertainable and were not appraised by the appraiser, and that such values are correct, and to applicant’s knowledge the above list of Decedent’s debts is correct.

Date

Appraiser

Applicant

PROBATE COURT OF PICKAWAY COUNTY, OHIO
JAN MICHAEL LONG, JUDGE

ESTATE OF: _____, DECEASED
CASE NO. _____

ENTRY RELIEVING ESTATE FROM ADMINISTRATION

[R.C. 2113.03]

Upon hearing the application to relieve Decedent's Estate from Administration, the Court finds that:

Decedent died [**Check the following**] - Testate - Intestate. The date of death and domicile are as stated in the application, and the Court has jurisdiction over the Estate;

Notice to the surviving spouse, heirs at law, legatees, devisees, and other persons was duly effected or dispensed with by the Court as unnecessary;

The values of the several assets in the Estate, given in the application do not exceed the statutory limits.

The Court therefore relieves the Estate from Administration, and orders [**Check and complete whichever of the following are applicable**]:

That the following personal property be sold [**describe**]: _____

That the following debts of Decedent shall be paid to the extent of assets: _____

That the statutory family allowance be paid to the **Surviving Spouse** - **Minor Children of the Decedent** - **Apportioned between the surviving spouse and minor children of the Decedent who are not the children of the surviving spouse.** Attach Form 7.2A if necessary.

That Certificate of Transfer No. _____, attached to the application and describing Decedent's real estate, issue and be preserved in the records of the Court and that authenticated copies of the certificate be delivered as required to the persons entitled to them;

That the financial institutions holding accounts in Decedent's name as set forth below pay the same upon proper tax release [**Check one of the following**] - **To the Commissioner** - **To:** _____

PROBATE COURT OF PICKAWAY COUNTY, OHIO
JAN MICHAEL LONG, JUDGE

ESTATE OF: _____, DECEASED
CASE NO. _____

**CERTIFICATION OF NOTICE TO ADMINISTRATOR OF MEDICAID ESTATE
RECOVERY PROGRAM**

[R.C. 2117.061 AND 5162.21]

**THIS FORM SHALL BE FILED IN THE PROBATE COURT UPON COMPLETION OF
NOTICE TO ADMINISTRATOR**

The undersigned certifies that a Notice in compliance with Ohio Revised Code 2117.061 and 5162.21 was served upon the following by a method authorized by Civ.R. 73 on the _____ day of _____, 20____:

**Medicaid Estate Recovery
150 E. Gay St, 21st Floor
Columbus, Ohio 43215**

Attorney for Applicant

Person Responsible for the Estate

Typed or Printed Name

Typed or Printed Name

Address

Address

City, State, Zip Code

City, State, Zip Code

(_____)_____
Telephone Number

(_____)_____
Telephone Number

Attorney Registration No.

PROBATE COURT OF PICKAWAY COUNTY, OHIO
JAN MICHAEL LONG, JUDGE

ESTATE OF: _____, DECEASED
CASE NO. _____

**NOTICE TO ADMINISTRATOR OF MEDICAID ESTATE RECOVERY
PROGRAM**

[R.C. 2117.061 AND 5162.21]

IF THE ESTATE OF THE DECEDENT IS SUBJECT TO THE MEDICAID ESTATE RECOVERY PROGRAM PURSUANT TO R.C. 5162.21, THIS NOTICE SHALL BE FILED WITH THE ADMINISTRATOR OF THE PROGRAM AT THE FOLLOWING ADDRESS:

**Medicaid Estate Recovery
150 E. Gay Street, 21st Floor
Columbus, Ohio 43215**

THIS NOTICE IS NOT A PUBLIC RECORD AND SHALL NOT BE FILED IN THE PROBATE COURT

The undersigned person responsible for the Estate hereby states the following:

1. Name of Decedent: _____
2. Address of Decedent: _____

3. Date of Birth: _____
4. Date of Death: _____
5. Social Security Number: _____
6. Check all Applicable boxes:

A copy of the Schedule of Assets (Form 6.1) or Assets and Liabilities (Form 5.1) is attached;

A schedule of any other real and personal property and other assets in which the decedent had any legal title or interest at the time of death (to the extent of the interest), including assets conveyed to a survivor, heir, or assign of the individual through joint tenancy, tenancy in common, survivorship, life estate, living trust, or other arrangement;

The spouse of the decedent was subject to the Medicaid Estate Recovery Program, a separate notice is being submitted for the pre-deceased spouse.

PROBATE COURT OF PICKAWAY COUNTY, OHIO
JAN MICHAEL LONG, JUDGE

ESTATE OF: _____, DECEASED
CASE NO. _____

Signature - Person responsible for the Estate

Typed or Printed Name

Address

City, State, Zip

(_____) _____
Telephone Number

PROBATE COURT OF PICKAWAY COUNTY, OHIO
JAN MICHAEL LONG, JUDGE

ESTATE OF: _____, DECEASED
CASE NO. _____

ESTATE RECOVERY PROGRAM DISCLOSURE

The undersigned Applicant hereby certifies that to the best of their knowledge, the decedent, who was over the age of fifty-five years at the time of death, was NOT a recipient of medical assistance under Chapter 5111 of the Revised Code.

Applicant

Date

FACT SHEET

Ohio Medicaid Estate Recovery

What is Medicaid estate recovery?

Estate recovery seeks to obtain repayment for the cost of Medicaid benefits once a Medicaid recipient is deceased. This happens after the death of a Medicaid recipient who was either permanently institutionalized or age 55 and older.

What is an estate?

An estate is all of the real and personal property owned by a Medicaid recipient at the time of death, whether or not it passed through probate court.

What Medicaid benefits are subject to estate recovery?

All Medicaid payments for services received since January 1995 are subject to estate recovery. This includes Medicare premium assistance payments.

How does estate recovery work?

The estate's executor is responsible for notifying the Ohio Attorney General's Office (AGO) of a Medicaid recipient's death, if the consumer was permanently institutionalized or age 55 or older. Once the AGO has been notified, the AGO will present a claim to the estate.

Are there exceptions to estate recovery?

If there is an undue hardship to a survivor, the right to immediate recovery may be delayed or waived. Undue hardship is determined on a case-by-case basis.

When does estate recovery take place?

Recovery from the estate will only be made:

- After the death of the Medicaid recipient's surviving spouse.
- When the deceased Medicaid recipient has no surviving child younger than age 21.
- When the deceased Medicaid recipient has no surviving child of any age who is considered blind or disabled under Medicaid regulations.

Is a person's house subject to estate recovery?

Yes. A Medicaid recipient's house may be subject to estate recovery. If the recipient was permanently institutionalized, any claim from the sale of a house may be delayed while the recipient's sibling or child resides in the home, if specific conditions are met.

Does a will protect assets from estate recovery?

No. Ohio's Medicaid program and other creditors are paid before any assets are distributed to heirs or other beneficiaries.

Will the Attorney General's Office contact the family of the deceased?

After a Medicaid recipient dies, the AGO will send a notice of claim to the estate's executor requesting repayment for the cost of Medicaid benefits. It is the estate executor's responsibility to notify any family members or other heirs who might be affected by the estate recovery. If the estate executor has not been identified to the AGO, the AGO may need to contact the Medicaid recipient's family members.

How can the Attorney General's Office be reached?

The Medicaid Estate Recovery Unit of the AGO can be contacted at:

Medicaid Estate Recovery Unit
150 E. Gay Street, 21st Floor
Columbus, Ohio 43215-3130

Information is also available online at http://www.ag.state.oh.us/business/estate_recovery.asp or by calling the Ohio Medicaid Consumer Hotline at 1-800-324-8680. burdens on Medicaid applicants and recipients.

Medicaid eligibility rules are updated to reflect these changes. For more information, please refer to the Medicaid Eligibility Manual (MEM) or contact your local county department of job and family services. Consumers can call the Medicaid Consumer Hotline at 1-800-324-8680 or TDD/TTY 1-800-292-3572.