

PROBATE COURT OF WARREN COUNTY, OHIO

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
		Surviving Spouse	

[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 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 decedent's will:

Name	Residence Address	Birthdate of Minor

[Check whichever of the following is applicable]

- The will contains a charitable trust or 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]

**IN THE WARREN COUNTY, OHIO COMMON PLEAS COURT
PROBATE DIVISION**

ESTATE OF: _____, **DECEASED**

CASE NO. _____

**APPLICATION FOR APPOINTMENT OF A COMMISSIONER
TO REPORT ON THE CONTENTS OF A SAFE DEPOSIT BOX**

Now comes _____, who requests the appointment of _____, as Commissioner, to review and report the contents of the decedent's safe deposit box located at _____, State of Ohio. The applicant requests that the Commissioner be permitted to remove the decedent's will(s) and codicil(s) from the safe deposit box and bring the will(s) and codicil(s) to the Court along with a written inventory of the contents of the safe deposit box. Decedent's date of death is _____. A Form 1.0 is attached to this Application.

Attorney for Applicant	Applicant
Typed or Printed Name	Typed or Printed Name
Address	Address
Phone Number (include area code)	Phone Number (include area code)
Attorney Registration No. _____	

ENTRY

The Court hereby appoints _____ as Commissioner to open the decedent's safe deposit box in the presence of an employee of the above listed financial institution and the applicant, to inventory the safe deposit box, and bring the report of the contents and any will(s) and codicil(s) of the decedent to the Court. The report shall be signed and dated by the applicant, an employee of the institution where the safe deposit box is located, and the Commission, and filed with the Court on or before _____.

No other property shall be released from the safe deposit box until representation of Letters of Authority or further order of the Court.

JUDGE

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a copy of this application and entry has been forwarded by regular mail to the following named next of kin or legatees and devisees of the decedent's estate.

Name _____
Address _____ Zip _____

Name _____
Address _____ Zip _____

Name _____
Address _____ Zip _____

Name _____
Address _____ Zip _____

Name _____
Address _____ Zip _____

Name _____
Address _____ Zip _____

Name _____
Address _____ Zip _____

Name _____
Address _____ Zip _____

Name _____
Address _____ Zip _____

Name _____
Address _____ Zip _____

Deputy Clerk

**IN THE WARREN COUNTY, OHIO COMMON PLEAS COURT
PROBATE DIVISION**

ESTATE OF: _____, **DECEASED**

CASE NO. _____

REPORT ON THE CONTENTS OF A SAFE DEPOSIT BOX

Date _____

Commissioner

Financial Institution

Applicant

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a copy of this Report on the Contents of a Safe Deposit Box has been forwarded by regular mail to the following named next of kin or legatees and devisees of the decedent's estate.

Name _____
Address _____ Zip _____

Name _____
Address _____ Zip _____

Name _____
Address _____ Zip _____

Name _____
Address _____ Zip _____

Name _____
Address _____ Zip _____

Name _____
Address _____ Zip _____

Name _____
Address _____ Zip _____

Name _____
Address _____ Zip _____

Name _____
Address _____ Zip _____

Name _____
Address _____ Zip _____

Commissioner