

**COURT OF COMMON PLEAS
SANDUSKY COUNTY, OHIO
PROBATE DIVISION**

RESET

ESTATE OF _____

CASE NO. _____

APPLICATION TO RELEASE FINANCIAL INFORMATION

Applicant states that decedent died on _____

Applicant's relationship to decedent is _____

Decedent's domicile was _____
City State Zip Code

Decedent's last four (4) digits of his/her social security number are _____,

The applicant hereby requests authority to obtain all financial information from any financial institution of the decedent for the purpose of determining the proper estate administration.

Applicant states the following:

- ☐ Applicant is an individual who is eligible to be appointed as a personal representative of the above- named decedent's estate under Ohio law; or
- ☐ Applicant is named as executor in the above-named decedent's will, and Applicant has filed a copy of decedent's will with this Application.

Applicant has attached Form 1.0 – Surviving Spouse, Children, Next of Kin, Legatees and Devisees.

Applicant acknowledges that an order shall not be issued until ten days following the probate court's transmission of a copy of this application to those persons listed on the Form 1.0 who have not filed a signed Waiver of Notice/Consent.

Attorney for Applicant

Applicant

Printed Name / Registration No.

Printed Name

City, State, Zip Code

City, State, Zip Code

Phone

Phone