PROBATE COURT OF WARREN COUNTY, OHIO
MICHAEL E. POWELL, JUDGE

Additional room here for extra long name

ESTATE OF: Full name of decedent CASE NO. D case number

LATE OF 8765 D street address (Street) DATE OF DEATH March 3, 2003

Columbus, Ohio, 12345
City, State, Zip Code

AFFIDAVIT

(Please check appropriate Item)

Now comes SS full name, the surviving spouse or _____ of _____; and states that at the time of the decedent's death, the following:

☐ 1. owned _____ parcels of real estate which are subject to transfer pursuant to Section 2113.61 (D) O.R.C. (description attached). This is applicable when no administration was had or contemplated and when no ancillary proceedings have been had or being had in this state. The foreign executor or administrator may file the Certificate of Transfer.

☐ 2. owned no probate assets that needed to be administered or relieved from administration. Affiant further states that all assets of the decedent's estate consisted of non-probate assets as shown on the Ohio Estate Tax Return and that only the Ohio Estate Tax Return will be filed in this estate. The person signing the Ohio Estate Tax Return will not sign as the fiduciary.

☐ 3. Attached hereto is Decedent's Last Will and Testament.

☐ 4. Decedent died intestate (without a Will).

☐ 5. The assets are less than $5,000.00 or $10,000.00 (if there is a surviving spouse) and the Affiant certifies that the funeral bill is paid (need proof of payment).

☐ 6. The following is a list of items and their value subject to administration: (includes a motor vehicle if the total assets including the motor vehicle are less than $5,000.00/$10,000.00 - the Affiant is required to file a Transfer of Motor Vehicle.)

_____ _____

_____ _____

_____ _____

☐ 7. Form 1.0 Surviving Spouse, Next of Kin, etc., **MUST** be attached hereto and the information thereon is true and accurate to the best of my knowledge. All persons listed on said form MUST receive a copy of this Affidavit. The Affiant hereby certifies has served each person listed on Form 1.0 personally or by certified mail.

Attorney for Affiant	Affiant's Name
A full name	
Attorney for Affiant Typed	Affiant's Name Typed
3456 A street	
Street	Street
Cincinnati OH, 45678	
City, State, Zip Code	City, State, Zip Code
(513)A tel	
Telephone Number	Telephone Number

Sworn to before me and signed in my presence this _____ day of _____, _____.

_____
Attorney/Notary Public