

IN THE COURT OF COMMON PLEAS  
PROBATE DIVISION  
MAHONING COUNTY, OHIO

IN THE MATTER OF:	)	CASE NO.: 2014 MC 0038
	)	
PROPOSED AMENDMENTS OF	)	JUDGE ROBERT N. RUSU, JR.
LOCAL RULES OF COURT	)	
	)	<u>JUDGMENT ENTRY</u>
	)	

The Court this day, *sua sponte*, considers the adoption of amendments to the Local Rules of Court pursuant to Rule 5 of the Rules of Superintendence for the Courts of Ohio.

The Court determines that there is a need to amend its **Local Rules**. Specifically, the Court finds a need to:

1. Amend **Local Rule 78.11** *Guardianship Requirements*;
2. Create a new **Local Rule 78.14** *Short Form Release from Administration* for small Estates having assets \$2,500.00 or less;
3. Institute a rule about Fiduciary Bond, **Local Rule 78.15** *Fiduciary Bond*; and
4. Create a new **Local Rule 78.16** *Adoptions*.

In addition, the Court determines that there is a need to increase certain court case deposits; modify existing local forms; and create new local forms to facilitate the expeditious disposition of cases. (All set forth in attached Exhibits A-I.)

The Court further determines that appropriate notice and opportunity for comment regarding the proposed amendments to **Local Rule 78.11**, create new **Local Rules 78.14, 78.15 and 78.16**, modification to the existing Court schedule of deposits for costs, attached hereto as Exhibits "B", new local form M.C. Form 5.6 "*Guardian Applicant Questionnaire*" as set forth in Exhibit "C", new local M.C. Form 5.12 "*Application for Short Form Release from*

*Administration*” as set forth in Exhibit “D”, new local form M.C. Form 5.7 “*Representations with Respect to Guardians Real Estate Sale by Consent*” as set forth in Exhibit “E”, new local form M.C. Form 5.8 “*Consent to Power to Sell Real Estate – Guardianship*” as set forth in Exhibit “F”, amended local form M.C. Form 4.4 *Application to Reopen Estate* as set forth in Exhibit “G”, amended local form M.C. Form 4.0 “*Appointment of Appraiser*” as set forth in Exhibit “H”, and amended local form M.C. Form 4.1 “*Application for Transfer of Motor Vehicle*” as set forth in Exhibit “I” shall be afforded by the Court, as required by **Rule 5** of the *Rules of Superintendence for the Courts of Ohio*.

**WHEREFORE, IT IS ORDERED, ADJUDGED AND DECREED**, that the Court this day hereby proposes to amend **Local Rule 78.11**, create new **Local Rules 78.14, 78.15 and 78.16**, attached hereto as Exhibits “A” and made a part hereof; to modify existing Court schedule of deposits for costs, attached hereto as Exhibits “B” and made a part hereof; and to implement new or modify Local Forms as follows:

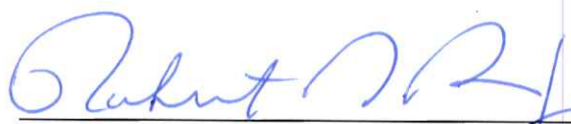
1. M.C. Form 5.6 “*Guardian Applicant Questionnaire*” as set forth in Exhibit “C”;
2. M.C. Form 5.12 “*Application for Short Form Release from Administration*” as set forth in Exhibit “D”;
3. M.C. Form 5.7 “*Representations with Respect to Guardians Real Estate Sale by Consent*” as set forth in Exhibit “E”;
4. M.C. Form 5.8 “*Consent to Power to Sell Real Estate – Guardianship*” as set forth in Exhibit “F”;
5. M.C. Form 4.4 *Application to Reopen Estate* as set forth in Exhibit “G”;
6. M.C. Form 4.0 “*Appointment of Appraiser*” as set forth in Exhibit “H”; and

7. M.C. Form 4.1 “*Application for Transfer of Motor Vehicle*” as set forth in Exhibit “I”

shall be afforded by the Court, as required by **Rule 5** of the *Rules of Superintendence for the Courts of Ohio*. The Court further orders that the Clerk of this Court promptly provide notice and opportunity for comment to the proposed amendments and forms by posting the new rules, the proposed amended rule and new proposed forms on the Court website and making copies of the new rules, the proposed amended rule and new local forms available to the public. All comments shall be made in writing and directed to the Court or by email to [mcprobate@mahoningcountyoh.gov](mailto:mcprobate@mahoningcountyoh.gov) no later than **January 28, 2020**.

**IT IS SO ORDERED.**

Dated: December 31, 2019

  
Honorable Robert N. Rusu, Jr., Judge

FILED  
MAH. CTY. PROBATE COURT  
DEC 31 2019  
Judge Robert N. Rusu, Jr.

**Local Rule 78.11      Guardianship Requirements**

- a) Every Applicant applying to be appointed Guardian of an Alleged Incompetent shall fully complete and file the “*Applicant Questionnaire*,” Local Form 5.6, and file along with their *Application for Appointment of Guardian* (SPF 17.0).

The Court will not accept for filing any *Application for Appointment of Guardian of Alleged Incompetent* unless it is accompanied by the *Applicant Questionnaire* and other required pleadings pursuant to *Ohio Revised Code* and the *Rules of Superintendence* unless waived by the Court.

- b) The Court will not approve any *Application to Expend Funds*, *Application to Transfer Funds*, or *Application to Close Account(s)* until the Guardian first files a *Guardian’s Inventory*.
- c) Every Guardian of the Estate shall file an *Application to Establish Monthly Budget/Expend Funds* no later than thirty (30) days after their appointment, if applicable.
- d) The Guardian of the Estate shall list on their *Inventory* any asset owned by the Ward in a co-ownership form or in a “Transfer on Death”/“Payable on Death” form. The *Inventory* shall also include the name of a co-owner and/or “Transfer on Death”/“Payable on Death” beneficiary, their address if known, and relationship to the Ward.
- e) When releasing funds from the Ward’s name, the Guardian shall first use and close individually owned accounts of the Ward and then co-owned/“Transfer on Death”/“Payable on Death” accounts unless for good cause shown. For any co-owned accounts, the Court will not order the release of funds from the Ward’s name unless the Guardian has obtained a written consent from the other co-owner for the release of funds or a hearing has taken place with notice sent to the co-owner.

Upon the establishment of the guardianship of the estate, all co-owned accounts will be placed under restriction by the court with notice being sent to the co-owner. No withdrawals will be allowed, unless by Court order.

When applicable, the Guardian shall withdraw monies from TOD/POD accounts in proportionate amounts from all of the Ward’s accounts so as not to extinguish one account over another.

- f) Medical, psychological and other related reports and records of a Ward are confidential and there shall be no access to these reports/records without Order of the Court.

#### **Local Rule 78.14     Short Form Release from Administration**

a) In Estates where the assets of the decedent total \$2,500.00 or less and the funeral bill of the decedent has been:

1. Pre-paid by the decedent; or
2. Reimbursement has been waived in a notarized writing by the person who paid the funeral bill; or
3. The person who paid the funeral bill has died; or
4. The Applicant is the person who paid or is obligated in writing to pay the decedent's funeral bill.

Then the Applicant may file a *Short Form Release from Administration* (Local Form 5.12)

b) Applicants of a *Short Form Release from Administration* are required to file:

1. *Short Form Release from Administration* form (Local Form – M.C. 5.12);
2. *Surviving Spouse, Next of Kin, Legatees and Devisees* form (SPF 1.0);
3. Proof of the funeral bill and who paid it; or who is obligated to pay it;
4. A copy of the decedent's obituary from local paper unless waived by Court;
5. Appraisers Report or other available valuation method showing how the asset was valued (See Local Rule 78.12 for automobiles), if applicable;
6. The original *Last Will and Testament* of the decedent (if applicable); and
7. The filing fee of \$20.00.

c) The Court may require verification of payment of claims pursuant to order of priority as outlined in R.C. 2117.25.

d) The Court, in its sole discretion, may Order distribution directly to a creditor (funeral home, etc.).

#### **Local Rule 78.15     Fiduciary Bond**

The Court will not appoint, as Fiduciary, any individual residing outside the state of Ohio unless a Fiduciary bond is posted.

The only exception to this rule is if the Applicant is nominated in the document to serve without bond, is the sole beneficiary of the Estate, and both the Fiduciary and Attorney submit a written statement that all Estate debt has been paid or is secured to be paid.

## **Local Rule 78.16      Adoptions**

### a) Notice to Birth Parents

In any adoption proceeding, notice of the hearing on the *Petition for Adoption* shall be served upon the natural parent(s) via certified mail, return receipt requested, with verification signed by the individual the mail was addressed to. Failure of service on the return receipt indicating that the natural parent did not to sign for the notice will require the applicant to personally serve the natural parent personal process service. Unsuccessful personal process service will result in the requirement of the Applicant to publish notice of the hearing on the *Petition* pursuant Civil Rule 4.4.

### b) Legal fees in Adoption proceedings

All requests for legal fees shall include the following:

- i. An Application to approve legal fees along with an itemized time statement indicating the hourly billing rate of each individual requesting to be paid for their time;
- ii. All fees shall be in compliance with Rules of Professional Conduct Rule 1.5; and
- iii. No fee shall be paid unless first approved by the Probate Court.

**APPENDIX “A”**

**MAHONING COUNTY, OHIO PROBATE COURT  
SCHEDULE OF DEPOSITS FOR COSTS**

<b><u>Filing</u></b>	<b><u>Initial Deposit</u></b>
<b><u>ADOPTION</u></b>	
Petition for Adoption	\$200.00
Petition for Release of Identifying Information	\$85.50
Placement for Adoption	\$58.00
Refinalization of Foreign Adoption	\$120.00
Registration of Foreign Birth Record	\$47.50
<b><u>CIVIL ACTIONS</u></b>	
Including Land Sales, Declaratory Judgments, Complaints to Produce Wills, and for Determination of Heirs, Will Contests, Concealments, Etc.	\$200.00
<b><u>DECEDENT’S ESTATES</u></b>	
Administration, Full (With or Without Will)	\$200.00
Ancillary Administration (with or without Will)	\$200.00
Relief from Administration, (with or without Will)	\$200.00
Summary Release from Administration:	
With Will	\$125.00
Without Will	\$100.00
Short Form Release from Administration	\$20.00
Will for Record Only:	
With Tax Form(s)	\$36.00
Without Tax Form(s)	\$20.00
For Deposit Only	\$25.50
Tax Forms Only	\$15.00
<b><u>DISINTERMENT</u></b>	
Petition for Disinterment	\$65.00
<b><u>DISPOSAL OF MINOR’S ESTATE</u></b>	
Disposal of Minor’s Estate under \$25,000 (Without Guardianship)	\$93.00

GUARDIANSHIP/CONSERVATORSHIP

For Original Appointment:	
Estate Only	\$200.00
Person Only	\$200.00
Person and Estate	\$200.00
For Successor Appointment:	
Estate Only	\$100.00
Person Only	\$100.00
Person and Estate	\$100.00

MINOR'S SETTLEMENT

Minor's Settlement Without Guardianship	\$114.00
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MISCELLANEOUS FILINGS

Application to Inventory Safe Deposit Box	\$25.00
Birth, Registration of	\$55.00
Birth, Correction of	\$53.00
Marriage License	\$43.00
Name Change:	
Adult	\$134.00
Minor With Consent of Both Parents	\$134.00
Minor Without Consent of Both Parents	\$141.00

SUBPOENAS

Deposit for Witness Fee (Per Person)	\$12.00
Issuing Costs (Per Subpoena)	\$2.00
Out of County Service Fee *	\$20.00
* Plus mileage fee at current rate	

TRUST

For Original Appointment	\$116.00
For Successor Appointment	\$73.00

RECORDS REQUEST

Authenticated, per authentication (plus per page charges for plain copies)	\$2.50
Certified, per page [O.R.C. 2101.16(A)(12)] (plus per page charges for plain copies)	\$2.00
Exemplified, per exemplification (plus per page charges for <u>certified</u> copies)	\$5.00
Plain Copies: (per page)	
One sided	\$0.10
Two sided	\$0.15



**PROBATE COURT OF MAHONING COUNTY, OHIO  
ROBERT N. RUSU, JR., JUDGE**

The Guardianship of: \_\_\_\_\_

Case No. \_\_\_\_\_

**GUARDIAN APPLICANT QUESTIONNAIRE**

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_

Phone \_\_\_\_\_ Occupation/Employment: \_\_\_\_\_

1. What is your relationship to the individual? \_\_\_\_\_

2. Are you a service provider to the individual?  Yes  No

If yes, explain: \_\_\_\_\_

How long have you \_\_\_\_\_

3. known the individual? \_\_\_\_\_

Describe the relationship with the individual, including how long you have known him/her, how often you meet with them, and activities you participate in when you meet.

\_\_\_\_\_

\_\_\_\_\_

4. Did anyone recommend a guardianship application be filed?  Yes  No

If yes, who recommended and why? \_\_\_\_\_

\_\_\_\_\_

5. What do you believe are the behaviors that make the appointment of a guardian necessary?

\_\_\_\_\_

\_\_\_\_\_

6. What solutions to these problems have been tried before filing for guardianship?

\_\_\_\_\_

\_\_\_\_\_

7. Why do you want to become guardian of the individual?

---

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8. Are you in sufficiently good health and with sufficient energy to meet guardianship duties?  Yes  No If no, please explain below:

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9. Do you know of anyone else who would also be interested in becoming the guardian or will be helping you fulfill guardianship responsibilities?

Explain:

Yes  No

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10. In general, what is your plan for overseeing the care of the individual?

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a. Do you have sufficient time to fulfill guardianship duties?  Yes  No

Explain: \_\_\_\_\_

---

---

b. Are you familiar with her/his medical problems and medications?  Yes  No

---

---

c. List the names of any community service providers and the nature of the services they provide. (APS, VNA, Senior Services, MCBDD) \_\_\_\_\_

---

---

d. Where will the individual live? \_\_\_\_\_

---

---

e. Is this an adequate setting?  Yes  No

f. Does this setting meet the needs of the individual?  Yes  No

Explain: \_\_\_\_\_

g. What is the distance from your residence? \_\_\_\_\_

h. How often do you plan to visit, and how will you oversee these living arrangements?

i. Have social activities, recreation and entertainment been considered? Please explain:

j. How will transportation for medical care, recreation, etc. be handled?

k. If individual will be living with you, what arrangements can you make to care for the individual? \_\_\_\_\_

11. **MENTAL STATUS OBSERVATION CHECKLIST:** Record your observational impressions on a scale of 1 for significant impairment to 5 for average/normal functioning. Comment where helpful

	<u>Rating</u>	<u>Comment</u>
a. Orientation (Person, Place and Time)	_____	_____
b. Speech	_____	_____
c. Motor Behavior	_____	_____
d. Thought Process	_____	_____
e. Affect	_____	_____
f. Memory	_____	_____
g. Concentration & Comprehension	_____	_____
h. Judgment	_____	_____

12. Is the individual aware of the plans for guardianship as outlined in the above information, and is he/she in agreement?       Yes       No      Please explain below:

13. Do you currently have a power of attorney for the individual?       Yes       No

If yes, describe: \_\_\_\_\_

14. Do you now or have you ever assisted the individual with his/her finances?       Yes       No

Please explain: \_\_\_\_\_

15. Have you been charged with or convicted of a crime?       Yes       No

16. Is the individual a veteran?       Yes       No

17. Have you ever filed for bankruptcy?       Yes       No

**Remarks:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of person completing form**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Printed Name**

PROBATE COURT OF MAHONING COUNTY, OHIO
ROBERT N. RUSU, JR. JUDGE

The Estate of: \_\_\_\_\_, Deceased

Case No. \_\_\_\_\_

APPLICATION FOR SHORT FORM RELEASE FROM ADMINISTRATION

Now comes \_\_\_\_\_, who resides at \_\_\_\_\_
\_\_\_\_\_ and whose telephone number is \_\_\_\_\_

having been first duly sworn, states:

- 1. Applicant's relationship to the Decedent is: \_\_\_\_\_
2. The Decedent's legal residence at the time of death was \_\_\_\_\_
\_\_\_\_\_ , and the Decedent's date of death was \_\_\_\_\_
3. The Decedent [ ] had a Will [ ] did not have a Will.
(File Form 2.0 and the Will if applicable)
4. The Decedent's assets are \$2,500.00 or less and consist of the following: (list asset, value of the asset, and attach proof of valuation)
5. The Decedent's unpaid debt consist of the following (list creditor and amount of debt):
6. Is the decedent's funeral bill paid? [ ] Yes [ ] No

7. Who paid the Decedent's funeral bill?

a. \_\_\_\_\_ paid \$ \_\_\_\_\_  
Name of person who paid funeral bill

b. \_\_\_\_\_ paid \$ \_\_\_\_\_  
Name of person who paid funeral bill

c. \_\_\_\_\_ paid \$ \_\_\_\_\_  
Name of person who paid funeral bill

9. The amount of the Decedent's Funeral bill still owed to: \_\_\_\_\_  
totals \$ \_\_\_\_\_ .

10. Attached is a list of surviving spouse, next of kin, legatees, and devisees, known to Applicant (Standard Probate Form 1.0) and a copy of the Decedent's obituary.

11. The Applicant requests that the Court issue an order directing and authorizing the Applicant to collect the assets of the decedent and distribute them as directed by the Court.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Printed name**

\_\_\_\_\_  
**Phone Number**

Sworn to before me and signed in my presence on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ .

\_\_\_\_\_  
**Notary Public**

**PROBATE COURT OF MAHONING COUNTY, OHIO  
ROBERT N. RUSU, JR. JUDGE**

The Guardianship of: \_\_\_\_\_

Case No. \_\_\_\_\_

**REPRESENTATIONS WITH RESPECT TO GUARDIANSHIP  
REAL ESTATE SALE BY CONSENT  
R.C. 2127.012**

The Guardian of the Estate in this case makes the following representations to support the intended sale of real estate of the ward pursuant to RC 2127.012:

1. Filed contemporaneously are consents from the ward's spouse, if any, and all persons entitled to the next estate of inheritance from the ward in the real property.
2. All of the persons executing a consent are adults.
3. Neither the ward's spouse nor any of the next of kin are minors.
4. Attached hereto is a copy of the real estate appraisal (not more than one year old) from which the 80% minimum sale price shall be calculated.
5. Filed contemporaneously is:
  - a guardian's bond, or additional bond, establishing a total guardian's bond in the amount of \$ \_\_\_\_\_.
  - or
  - a motion to waive bond.
6. A copy of the settlement/closing statement shall be filed with the Court within 30 days of completion of each real estate sale, and shall be reported on the next accounting.

**NOTE: This form, all consents, the appraisal, and the bond or motion to waive bond shall be filed simultaneously.**

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Attorney for Guardian

\_\_\_\_\_  
Guardian's Typed or Printed Name

\_\_\_\_\_  
Attorney's Typed or Printed Name

**PROBATE COURT OF MAHONING COUNTY, OHIO  
ROBERT N. RUSU, JR. JUDGE**

**The Guardianship of:** \_\_\_\_\_

**Case No.** \_\_\_\_\_

**CONSENT TO POWER TO SELL REAL ESTATE - GUARDIANSHIP  
R.C. 2127.012**

The undersigned are the ward’s spouse and all persons entitled to the next estate of inheritance from the ward in the property. Each declares to be an adult. Each acknowledges that if the guardian of the estate is the spouse of the ward, the sale may be to the guardian.

The undersigned empower(s) the Guardian of the ward’s estate, at any time, to sell the real estate of the ward, as indicated below, at public or private sale and to execute and deliver the necessary deeds or other conveyances, consistent with law and this power of sale.

Any such sale shall be on terms consistent with law and at a price of not less than eighty percent of the appraised value indicated in an appraisal not more than one year old (appraisal being \$\_\_\_\_\_).

**[Check one of the following]**

- The power of sale consented to herein is general and extends to all real estate of the Ward.
- The power of sale consented to herein is limited and applies only to the parcels of real estate particularly described on page two of this form.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Typed or Printed Name)



Case No. \_\_\_\_\_

**LEGAL DESCRIPTION**

The particular parcels of real estate in the ward's estate and to which this power of sale is limited are described as follows (use extra sheets if necessary)

PIN: \_\_\_\_\_

Address: \_\_\_\_\_

**PROBATE COURT OF MAHONING COUNTY, OHIO  
ROBERT N. RUSU, JR. JUDGE**

The Estate of: \_\_\_\_\_, Deceased

Case No. \_\_\_\_\_

**APPLICATION TO REOPEN ESTATE**

Applicant states that the decedent died on \_\_\_\_\_, that his/her estate was administered in Mahoning County, and that the Fiduciary or Commissioner was discharged on \_\_\_\_\_. Applicant asks that the estate be reopened and that he/she be qualified as the \_\_\_\_\_ for the following reason(s):

- Newly Discovered Assets:  
Nature of Asset(s): \_\_\_\_\_
- There is a wrongful death or survival action or litigation (in favor of/against) the estate pending in (specify the court, case number, and trial date): \_\_\_\_\_
- Other Claim(s):  
Nature of Claim(s): \_\_\_\_\_
- Other (please specify): \_\_\_\_\_

**[Check one of the following:]**

- The decedent's will waives bond or bond is not required by law.
- Applicant offers the attached bond in the amount of \$\_\_\_\_\_

**[For a full Administration, check one of the following:]**

Applicant is:

- Prior fiduciary of the estate (Completed Form 1.0, Surviving Spouse, Children, Next of Kin, Legatees and Devisees, attached)
- Alternate fiduciary named in decedent's will (Completed Form 4.0, Application for Authority to Administer Estate, attached)
- Sole beneficiary under decedent's will or sole heir at law (Completed Form 4.0, Application for Authority to Administer Estate, attached)

- A next-of-kin (Completed Form 4.0, Application for Authority to Administer Estate, attached. If there are additional next-of-kin with equal rights to serve as fiduciary, completed Form 1.0, Surviving Spouse, Children, Next of Kin, Legatees and Devisees, attached)
- Other: \_\_\_\_\_

**[For releases from administration, check one of the following:]**

Applicant is:

- The prior commissioner of the estate and the SAME form of release is being filed (Completed Form 1.0, Surviving Spouse, Children, Next of Kin, Legatees and Devisees, attached)
- The prior commissioner of the estate and a DIFFERENT form of release is being filed (All forms required for the new form of release, attached)
- Not the prior commissioner (All forms required for the release from administration attached—Waivers from all other next of kin or beneficiaries of the decedent’s will, or an additional fee to send notice is required)

\_\_\_\_\_  
Counsel Signature

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Counsel Typed or Printed Name

\_\_\_\_\_  
Applicant Typed or Printed Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Telephone Number

Registration Number: \_\_\_\_\_

PROBATE COURT OF MAHONING COUNTY, OHIO
JUDGE ROBERT N. RUSU, JR.

ESTATE OF: \_\_\_\_\_, DECEASED

CASE NO. \_\_\_\_\_

APPOINTMENT OF APPRAISER

[R.C. 2115.02 & 2115.06]

[Sup. R. 61, Local Rules 61.1 to 61.4, inclusive]

The Fiduciary hereby makes application for the appointment of an appraiser to appraise the following real and/or personal property of the decedent's estate, as indicated (address or description as appropriate, estimated value, and credentials of appraiser).

- 1. Real Property: Address and Parcel No(s). Appraiser options: Will use evaluation as established by County Auditor. Request to use to appraise the above listed real property.
2. Automobile: Name of Appraiser Year, Make, Model, VIN, & Mileage of Auto(s):
3. Business Interests: Name of Appraiser Description of Business Interests:
4. Other: Name of Appraiser Description of Other item to be appraised:

Counsel Signature

Applicant Signature

Counsel's Printed Name

Applicant's Printed Name

Supreme Registration Number

Telephone Number

Telephone Number

**PROBATE COURT OF MAHONING COUNTY, OHIO  
JUDGE ROBERT N. RUSU, JR.**

**ESTATE OF:** \_\_\_\_\_, **DECEASED**

**CASE NO.** \_\_\_\_\_

**JOURNAL ENTRY APPOINTING APPRAISER**

The appointment of appraiser(s) as stated in the *Appointment of Appraiser* is hereby approved.

Date: \_\_\_\_\_

\_\_\_\_\_  
**Honorable Robert N. Rusu, Jr., Judge**

**PROBATE COURT OF MAHONING COUNTY, OHIO  
JUDGE ROBERT N. RUSU, JR.**

**ESTATE OF:** \_\_\_\_\_, **DECEASED**

**CASE NO.** \_\_\_\_\_

**APPLICATION FOR TRANSFER OF MOTOR VEHICLE**

The undersigned, qualified fiduciary of the above estate, represents that he has in his possession the following described motor vehicle, belonging to said estate:

Year \_\_\_\_\_ Body Type \_\_\_\_\_ Model \_\_\_\_\_ Make \_\_\_\_\_  
Mfrs. Serial No. \_\_\_\_\_ Cert. Of Title No. \_\_\_\_\_

Applicant states that the following person is entitled to such motor vehicle --  by virtue of the Will --  by the statute of descent and distribution --  by family allowance --  by purchase in the amount of \$\_\_\_\_\_ --  by consent --  for reimbursement.

Applicant requests that the above mentioned motor vehicle be transferred to transferee:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State Zip

\_\_\_\_\_  
**Applicant Signature**

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**ENTRY TRANSFER OF MOTOR VEHICLE**

The Court finds that all of the statements in the above application are true and that the above transferee is entitled to such motor vehicle.

It is therefore ordered that said fiduciary transfer said motor vehicle as prayed for.

\_\_\_\_\_  
**Honorable Robert N. Rusu, Jr., Judge**