Initial Filing Full Estate Administration – Intestate (No Will)

Requirements

The decedent must have been a resident of Portage County, Ohio at the time of death, or owned real estate in Portage County.

Initial Filing

- □ Application for Authority to Administer Estate (Form 4.0)
- □ Surviving Spouse, Children, Next of Kin, Legatees and Devisees (Form 1.0)
 - o If there is Surviving Spouse, make sure a box at the bottom of the form is marked
- □ Entry Appointing Fiduciary; Letters of Authority (Form 4.5)
- □ Photocopy of the death certificate with the social security number marked out
- □ Waiver of Right to Administer (Form 4.3) If applicable
 - o Must be an Ohio resident to serve as Administrator. We do not need waivers from anyone out of state.
 - \circ $\;$ If the surviving spouse is the applicant, then we do not need waivers from anyone.
 - If there is not a surviving spouse, or surviving spouse is not the applicant, and there is more than one person on the front page of Form 1.0, then everyone other than the applicant needs to waive: Example: no spouse and 5 children in Ohio – one is applicant and the other 4 waive.
- □ Notice of Citation of Hearing on Appointment of Fiduciary (Form 4.4) *If applicable*
 - If an individual with an equal right to serve does not waive right to administer, then they must receive notice (Ohio residents only).
 - This includes any minor children who may have a priority to serve, but cannot because of their age.
- □ Fiduciary's Bond (Form 4.2) *If applicable*

If there is a Surviving Spouse:

One of the following actions **must** be filed regarding surviving spouse's elective rights:

- If spouse waives notice of service of citation to elect:
- □ Waiver of Service to Surviving Spouse of the Citation to Elect (Form 8.6)

OR

If spouse is to be served with notice:

- □ Citation to Surviving Spouse to Exercise Elective Rights (Form 8.0)
- □ Summary of General Rights of Surviving Spouse (Form 8.3)
- □ Certificate of Service and Notice of Citation to Surviving Spouse to Exercise Elective Rights (Form 8.4)
- □ Return for Certificate of Service of Citation to Surviving Spouse to Exercise Elective Rights (Form 8.5)