

**PROBATE COURT OF LUCAS COUNTY, OHIO
JACK R. PUFFENBERGER, JUDGE**

ESTATE OF _____, DECEASED

CASE NO. _____

NEW CASE INFORMATION STATEMENT

- THE UNDERSIGNED CERTIFIES THAT THE WILLS ON DEPOSIT HAVE BEEN EXAMINED AND NO LATER WILL WAS FOUND ON DEPOSIT FOR THIS DECEDENT.
- WILL DEPOSITED IN THIS COURT ON _____ IS HEREBY WITHDRAWN AND ATTACHED HERETO.

DEPUTY CLERK, PROBATE COURT

ATTORNEY OF RECORD TO COMPLETE THE FOLLOWING SECTION

THE UNDERSIGNED CERTIFIES THAT THIS CASE IS, IS NOT RELATED TO ANY CASE NOW PENDING IN ANY JUDICIAL SYSTEM.

CASE NUMBER OF RELATED CASE _____

DESCRIPTION AND JURISDICTION OF RELATED CASE _____

PLEASE CHECK ONE OF THE FOLLOWING:

- ESTATE OR RELIEF FILED HEREWITH WILL ONLY TAX ONLY REAL ESTATE ONLY
- ESTATE OR RELIEF EXPECTED TO BE FILED ON OR BEFORE _____
- OTHER _____

PLEASE CHECK ONE OF THE FOLLOWING REGARDING CITATION TO THE SURVIVING SPOUSE:

- DATE OF DEATH IS ON OR AFTER JANUARY 1, 2002, CITATION TO SURVIVING SPOUSE TO ISSUE

FOR DATES OF DEATH PRIOR TO JANUARY 1, 2002

- SPOUSE IS SOLE BENEFICIARY, CITATION IS UNNECESSARY
- SPOUSE IS NOT SOLE BENEFICIARY, PLEASE ISSUE A CITATION
- NO SURVIVING SPOUSE
- NO WILL FILED FOR PROBATE
- CITATION TO SPOUSE IS TO BE ISSUED AT REQUEST OF ATTORNEY OF RECORD

STATEMENT OF PERMANENT ADDRESS

The following address is my permanent address. I understand that I am required to notify the Court of any change in my address and that the Court is authorized to remove me if I fail to comply with this requirement.

Signature, Attorney of Record

Signature, Applicant

Print Attorney Name

Print Name

Address

Address

(_____) _____
Phone Number

(_____) _____
Phone Number

Ohio Supreme Court ID Number

PROBATE COURT OF LUCAS COUNTY, OHIO

JACK R. PUFFENBERGER, JUDGE

ESTATE OF _____, DECEASED

CASE NO. _____

APPLICATION TO RELEASE MEDICAL RECORDS AND MEDICAL BILLING RECORDS

[R.C. 2113.032]

Now comes _____ the _____ of the

(Applicant's Name)

(Relationship)

above named decedent who died on _____ and resided at _____ whose last four (4) digits of his/her social security number are _____, and hereby requests authority to obtain information regarding decedent's medical records and medical billing records for the purpose of evaluating a potential wrongful death, personal injury, or survivorship action on behalf of the decedent.

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.

Signature

Typed or Printed Name

Address

Phone Number

PROBATE COURT OF LUCAS COUNTY, OHIO

JACK R. PUFFENBERGER, JUDGE

ESTATE OF _____, DECEASED

CASE NO. _____

**ENTRY AUTHORIZING RELEASE OF MEDICAL RECORDS AND
MEDICAL BILLING RECORDS**

[R.C. 2113.032]

For good cause shown, all medical providers that provided medical care or treatment to the above-named decedent shall release those medical records and medical billing records to the Applicant for the limited purpose of deciding whether or not to file a wrongful death, personal injury, or survivorship action.

The medical records and medical billing records are confidential and shall not be made available for public viewing, unless otherwise provided for by law or subsequent court order.

Applicant shall file a report with the court certifying that all medical records and medical billing records have been received and shall indicate whether an administration of the decedent's estate will be filed before the expiration of the applicable statute of limitations.

Date

Jack R. Puffenberger, Probate Judge

PROBATE COURT OF LUCAS COUNTY, OHIO

JACK R. PUFFENBERGER, JUDGE

ESTATE OF _____, DECEASED

CASE NO. _____

**REPORT ON RECEIPT OF MEDICAL RECORDS AND MEDICAL
BILLING RECORDS**

[R.C. 2113.032]

Now comes _____, who was authorized to receive the decedent's medical records and medical billing records, and hereby certifies that all requested medical records and medical billing records have been received.

An application to administer decedent's estate will not be filed.

An application to administer decedent's estate will be filed prior to the expiration of the applicable statute of limitations.

Signature

Typed or Printed Name

Address

Phone Number

PROBATE COURT OF LUCAS COUNTY, OHIO

JACK R. PUFFENBERGER, JUDGE

ESTATE OF _____, DECEASED

CASE NO. _____

**NOTICE OF APPLICATION TO RELEASE MEDICAL RECORDS AND
MEDICAL BILLING RECORDS**

[R.C. 2113.032]

To the following persons:

Name

Address

Name

Address

Name

Address

Name

Address

Name

Address

_____ has filed an application in this Court, seeking the release of the decedent's medical records and medical billing records for use in evaluating a potential wrongful death, personal injury, or survivorship action on behalf of the decedent.

You are one of the above-named decedent's next of kin and are therefore entitled to notice of the pending Application to Release Medical Records and Medical Billing Records. The Court shall issue an order not earlier than ten (10) days of the transmission of this Notice.

The Application to Release Medical Records and Medical Billing Records shall be heard before the _____ County Probate Court, located at _____, _____, Ohio _____ on the _____ day of _____, 20 _____ at _____ o'clock _____ M.

