

**IN THE WOOD COUNTY PROBATE COURT  
JUDGE DAVID E. WOESSNER**

ESTATE OF \_\_\_\_\_, DECEASED  
CASE NO. \_\_\_\_\_

**APPLICATION FOR APPOINTMENT OF SPECIAL COMMISSIONER  
FOR RELEASE OF DECEDENT'S FINANCIAL INFORMATION**

Applicant states that decedent died on \_\_\_\_\_.

Decedent's domicile was \_\_\_\_\_

Street Address

\_\_\_\_\_  
City or Village, or Township

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Now comes \_\_\_\_\_, an attorney at law licensed in the State of Ohio and requests the appointment of him/her self, as Special Commissioner to receive all information regarding a decedent's assets held with the following financial institutions, including but not limited to account numbers, dollar values, whether there are beneficiaries, their identities, etc. Applicant requests authority to obtain information regarding decedent's accounts and balances at the following institution(s) for purposes of pursuing an estate administration, a relief from administration, or a summary release from administration:

_____	_____
_____	_____
_____	_____
_____	_____

The decedent's surviving spouse, next of kin, legatees, and devisees known to applicant are listed on attached Probate Form 1.0 (next of kin). Attached is a copy of Decedent's death certificate.

\_\_\_\_\_  
**Attorney Signature**

\_\_\_\_\_  
**Phone Number (include area code)**

\_\_\_\_\_  
**Typed Name**

\_\_\_\_\_  
**Attorney Registration Number**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**\*Attorney E-mail (Required)**

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





**IN THE WOOD COUNTY PROBATE COURT  
JUDGE DAVID E. WOESSNER**

ESTATE OF \_\_\_\_\_, DECEASED  
CASE NO. \_\_\_\_\_

**JUDGMENT ENTRY APPOINTING COMMISSIONER AND ORDERING RELEASE OF  
FINANCIAL INFORMATION**

The Court finds that the Application is well taken regarding the appointment of the attorney-applicant as Special Commissioner to obtain certain of Decedent's financial information for the sole purpose of evaluating whether to file a full estate administration, a relief from administration, or a summary release from administration is in the best interest of the Decedent's creditors, surviving spouse, beneficiaries, and next-of-kin.

**The Court ORDERS the following:**

1. Attorney \_\_\_\_\_, Special Commissioner, is appointed to obtain certain of Decedent's financial information for the sole purpose of evaluating whether to file a full estate administration, a relief from administration, or a summary release from administration.
2. Upon written request of the Special Commissioner, those financial institutions identified in the application are authorized to and shall promptly release and deliver to the Special Commissioner (a) a description of each financial asset or account titled in the Decedent's name and the manner of ownership, (b) the last four digits of the account number for each financial asset or account, and (c) the date of death value of each of those assets and accounts.
3. The Special Commissioner shall (a) store such information in a safe and secure manner, (b) maintain the confidentiality of such records, (c) act in a fiduciary manner regarding Decedent's beneficiaries and next-of-kin, (d) not disclose or otherwise distribute such information to any person or entity, or as otherwise required by applicable law or order of this Court, and (e) file a report of findings with the Court using local form Report of Findings of Financial Information no later than 30 Calendar Days after receipt of the financial information.
4. **No estate assets may be transferred without further Order of this Court.**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**JUDGE DAVID E. WOESSNER**

**IN THE WOOD COUNTY PROBATE COURT**

ESTATE OF \_\_\_\_\_, DECEASED  
CASE NO. \_\_\_\_\_

**REPORT OF FINDINGS OF FINANCIAL INFORMATION**

Now comes the Special Commissioner, who was authorized to receive certain financial information of the Decedent's financial accounts, and certifies that the following is all of the financial information that was received by the Special Commissioner:

Financial Institution	Type of Account	Acct. No. [last 4 digits]	DOD Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

\_\_\_\_\_  
**Attorney Signature**

\_\_\_\_\_  
**Phone Number (include area code)**

\_\_\_\_\_  
**Typed Name**

\_\_\_\_\_  
**Attorney Registration Number**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**\*Attorney E-mail (Required)**

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