

PROBATE COURT OF FRANKLIN COUNTY, OHIO

ESTATE OF _____, DECEASED

CASE NO. _____

APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS

[R.C. 2113.64]

This day the undersigned makes application to the Court for payment of funds deposited for the applicant's benefit.

Funds were deposited in _____

Account No. _____, on _____.

Account transferred to Franklin County Treasurer on _____

in the amount of \$_____.

Applicant states they are the heir for whose benefit said deposit was made.

Applicant

Address

() _____
Telephone Number

ENTRY

Based upon the above application, the Court finds the applicant is the person entitled to the payment of the funds and hereby:

orders the above bank to pay over to them all funds on deposit, upon the signing by the applicant of the proper withdrawal slip and other documents required by the bank.

orders the Franklin County Treasurer to issue a check for the amount of \$_____ dollars to be made payable to _____.

CASE NO. _____

RELEASE OF ALL CLAIMS

I, _____ acknowledge receipt of:

Account No. _____ as issued by _____
a financial institute.

Franklin County check in the amount of \$_____.

I hereby knowingly and voluntarily release the Franklin County Probate Judge from all actions, claims, damages and demands whatsoever which I now have or ever had or which my heirs, executor or administrator may have which are associated with the receiving and holding of said funds. Executed this _____ day of _____, 20 ____.

Applicant

Witnesses:

