



ASHTABULA COUNTY COURT OF COMMON PLEAS

PROBATE DIVISION

ALBERT S. CAMPLESE, JUDGE

REQUIRED INFORMATION SHEET - ESTATE

Estate of:	Case Number:
Date of Death:	Date of Birth:
Address:	
City, State, Zip Code:	
County:	

Is Decedent subject to Medicaid Estate Recovery?	Yes	No
Is an Estate Tax Return required?	Yes	No
Is applicant the Surviving Spouse?	Yes	No

Applicant Information

Name:
Street Address:
City, State, Zip Code:
Phone #:
Email:
<input type="checkbox"/> P.O. Box required for mailings:
Relationship to Decedent:

Attorney Information

Name:
Street Address:
City, State, Zip Code:
Phone #:
Email:
Registration #:

Signature of Applicant or Attorney:

Additional Party Information

Name:
Street Address:
City, State, Zip Code:
Phone #:
Email:
<input type="checkbox"/> P.O. Box required for mailings:
Relationship to Decedent:



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Additional Party Information

Name:

Street Address:

City, State, Zip Code:

Phone #:

Email:

☐ P.O. Box required for mailings:

Relationship to Decedent:

Name:

Street Address:

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