

**IN THE COURT OF COMMON PLEAS
OF HURON COUNTY, OHIO
PROBATE DIVISION**

ESTATE OF _____, DECEASED

CASE NO. _____

MOTION TO RELEASE INFORMATION

Now comes _____(Name), the
_____(Relationship) of the above-named decedent who died on
_____and resided at _____
whose last four (4) digits of his/her social security number are
_____(Decedent's SSN) and hereby requests authority to obtain
information regarding accounts and balances for the decedent at the following
institution(s) for the purpose of pursuing an estate administration:

_____.

The Applicant submits with this Application a certified copy of the decedent's
Death Certificate.

Attorney's Signature

Applicant's Signature

Printed Name of Attorney

Printed Name of Applicant

Address

Address

City/State/Zip

City/State/Zip

Phone

Phone

Supreme Court No.