IN THE MATTER OF:	
CASE NO.	<u> </u>
NEW CASE	INFORMATION STATEMENT
ATTORNEY OF RECORD	D TO COMPLETE THE FOLLOWING SECTION
THE UNDERSIGNED CERTIFIES THAT PENDING IN ANY JUDICIAL SYSTEM	T THIS CASE $\square$ IS, $\square$ IS NOT RELATED TO ANY CASE NOW I.
CASE NUMBER OF RELATED CASE _	
DESCRIPTION AND JURISDICTION O	F RELATED CASE
PLEASE O	CHECK ONE OF THE FOLLOWING:
□ NAME CHANGE	TH DISINTERMENT TRUSTS MINOR SETTLEMENT
The following address is my permanent	T OF PERMANENT ADDRESS t address. I understand that I am required to notify the Court of Court is authorized to remove me if I fail to comply with this
Signature, Attorney of Record	Signature, Applicant
Print Attorney Name	Print Applicant Name
Address	Address
() Phone Number	(
Ohio Supreme Court ID Number	Ohio Supreme Court ID Number
E-Mail Address	E-Mail Address

ESTATE OF		, Г	DECEASED
CASE NO.			
SI	RVIVING SPOUSE, CHILDRE	EN. NEXT OF KIN.	
	LEGATEES AND DEV		
	[R.C. 2105.06, 2106.13 AND 2		
	[Use with those applications or filings requiring information in this form, for notice or other purpose		
	ent's known surviving spouse, children, ar re decedent's next of kin who are or wou		
Name	Residence	Relationship	Birthdate
	Address	to Decedent	of Minor
		Surviving Spouse	
		Spouse	
[Check whichever of	the following is applicable]		
$\Box$ The surviving spous	e is the natural or adoptive parent of all of t	he decedent's children.	
$\Box$ The surviving spous	e is the natural or adoptive parent of at leas	t one, but not all of the decedent	s children.



□ The surviving spouse is not the natural or adoptive parent of any of the decedent's children.
 □ There are minor children of the decedent who are not the children of the surviving spouse.

 $\Box$  There are minor children of the decedent and no surviving spouse.

The following are the vested beneficiaries named in the decedent's will:		
[Check whichever of the	following is applicable]	
	aritable trust or a bequest or devise to a charital to R.C. 109.23 to 109.41 relating to charitable	
Date	Applicant (or gi	ve other title)

DISINTERMENT OF:, DEC	EASED
CASE NO	
APPLICATION FOR ORDER TO DISINTER REMAINS	
[R.C. 517.24 and 517.25]	
The Applicant states that this Application is made to disinter the remains of the above-n by Court Order. The Decedent's remains are currently located in County.	
Applicant further states that the following information is true:	
1. Applicant is an interested person of sound mind who is at least eighteen years old.	
2. Applicant $\ \square$ did or $\ \square$ did not assume/have financial responsibility for the funeral a expenses of the decedent.	and burial
3. Applicant's relationship to Decedent is	·
4. The remains will be re-interred at	
(Name and Address)	·

- 5. Attached is Form 1.0 listing all persons who would have been entitled to inherit from the Decedent under R.C. Chapter 2105, if the Decedent had a Will, all legatees and devisees named in that Will, and if applicable, the person who has been assigned the rights of disposition for the deceased person under R.C. 2108.70 to 2108.90.
- 6. Notice of this Application and Hearing on the Application shall be given by certified mail return receipt requested to Decedent's surviving spouse, to all persons entitled to inherit if Decedent died without a Will, to all legatees and devisees named in Decedent's Will, and to the cemetery in which the Decedent's remains are interred in accordance with R.C. Section 517.24 unless waived. If notice is not given to any person specified above, Applicant shall file an affidavit specifying which persons were not given notice and the reason for not giving notice to those persons (See R.C. 517.24(2)(d).

Effective Date: July 6, 2023

7. Atta		waivers waiving the right to receive the r	notice stated
8. App	olicant states that the disinterment is not	t against Decedent's religious beliefs.	
9. Ded	cedent's cause of death was		·
	ne Decedent did not die of a contagious copropriate Board of Health, attached.	or infectious disease, or if so, a permit has	s been issued by
Assigr Decla	nment of Right of Disposition pursuant to	Decedent   Had not executed a writter  R.C.2108.70 et seq.   Had executed a  ion pursuant to R.C. 2108.70 et seq. and a	written
	Attorney for Applicant	Applicant	
	Typed or Printed Name	Typed or Printed Name	
	Address	Address	
	Phone Number (include area code)	Phone Number (include area code)	
	Attorney Registration No.		
	Email address	Email address	
Sworr	n to and subscribed in my presence this_	day of 20	

FORM 25.0 – APPLICATION FOR ORDER TO DISINTER REMAINS

Notary Public

CASE NO. \_\_\_\_\_

DISINTERMENT OF	, DECEASED
CASE NO	
JUDGMENT ENTRY SE ON APPLICATION FOR	
The Application for Disinterment filed by _	is
hereby set for hearing on the day of	, 20, at
o'clockm., in this Court. T	he Court is located in the Lucas County
Court House, 700 Adams Street, Suite 200, Tol	edo, Ohio 43604.
The Court Orders that notice of hearing be give and, if applicable, all legatees and devisees na requesting the hearing, and that proof of service	med in the decedent's Will, by the person
	Judge Jack R. Puffenberger

Effective Date: March 1, 2014

DISINTERMENT OF	, DECEASED
CASE NO.	
NOTICE OF HEARING	ON APPLICATION FOR DISINTERMENT
To:	
	Court to disinter the remains of the Decedent. The
• •	the hearing on the Application will be heard on 0, at o'clockm. in this Court.
The Lucas County Probate Court is	located in the Lucas County Court House, 700 Adams
Street, Suite 200, Toledo, Ohio 4360	04.
	Applicant

DISINTERMENT OF	, DECEASED
CASE NO	
	OF NOTICE ON HEARING ON OR DISINTERMENT
by R.C. Section 517.24(B)(2)(a), have been r	ersons interested in the Application, as described notified according by law; or have waived notice of es and addresses are unknown to Applicant and ned.
The following persons for the following reason  Name	ns were not notified:  Reason
	Applicant
Sworn to and subscribed in my presence this	day of, 20
	Notary Public/Deputy Clerk

Effective Date: March 1, 2014

DISINTERMENT OF	, DECEASED
CASE NO	
VERIFICA	TION OF REINTERMENT
The undersigned	(Name and Title)
of the	(Name and Title)
	Cemetery, states that the remains of the
	ed on the, 20,
pursuant to the Order of this Court.	
	Signature
	Typed or Printed Name
	Compton
	Cemetery
	Address
	Address
	Phone Number (include area code)

DISINTERMENT OF:	, DECEASED
CASE NO	_
	PLICATION TO DISINTER REMAINS 17.24 and 517.25]
	o notice of the disinterment of the Decedent, waive nt and reinterment of the Decedent as stated in said ipt of a copy of said application.
	_
	<del>_</del>

DISINTERMENT OF	, DECEASED
CASE NO.	
ORDER TO DISINTER REMAIN	NS
An application for Order to Disinter Remains came on for hearing or of	n the day
The Court finds that all interested parties, whose names and addresse notified according to law or have waived notice of hearing on the app	-
The Court further finds that the statements contained in the application testimony was adduced to establish that disinterment would be again beliefs.	
The Court further finds that a permit □ has □ has not been issued 517.23(B) by the Board of Health (or other authorized agency) and therein.	-
It is the Order of this Court that:	
(1) Applicant is hereby authorized to disinter the remains of t  Cemetery;	he decedent from
(2) Applicant is hereby authorized to reinter the remains of the Cemetery;	e decedent at
(3) Unless the gravestone or marker is relocated to the site of cause said gravestone or marker to remain at the site of origin	
(4) Applicant shall file a Verification of Reinterment within the remains of the decedent have been reinterred.	nirty (30) days that the
(5) The board of township trustees, the trustees or board of the other officers having control and management of the municip period of at least thirty days from the receipt of the order to p disinterment.	al cemetery shall have a
Index I	ack R. Puffenherger

**FORM 25.6 – ORDER TO DISINTER REMAINS** 

Effective Date: July 6, 2023