

PROBATE COURT OF BUTLER COUNTY, OHIO

ESTATE OF _____, **DECEASED**

CASE NO. _____

**APPLICATION FOR APPOINTMENT OF COMMISSIONER
WHERE SPOUSE IS UNDER DISABILITY**

[RC § 2106.08]

The undersigned respectfully represents that _____, deceased,
late of said county, died testate on Ohio, died testate on _____, leaving
_____, as surviving spouse; that the will was duly admitted to probate on
_____; and that the surviving spouse is under legal disability by reason of

and is unable to make an election as provided by RC § 2107.39.

Therefore the undersigned hereby makes application to the Court to appoint some suitable person to ascertain the value of the provisions made for such surviving spouse by the testator and the value of the rights in the estate of such testator under RC § 2105.06, and the adequate support needs of the surviving spouse.

Attorney for Applicant

Typed or Printed Name

Street Address

City State Zip Code

Phone Number (include area code)

Attorney Registration No. _____

Applicant's Signature

Applicant's Typed or Printed Name

Street Address

City State Zip Code

Phone Number (include area code)