

**PROPOSED AMENDMENTS TO THE RULES OF SUPERINTENDENCE
FOR THE COURTS OF OHIO**

Comments Requested: The Supreme Court of Ohio will accept public comments until June 12, 2013 on the following proposed amendments to the Rules of Superintendence for the Courts of Ohio.

Comments on the proposed amendments should be submitted in writing to: John VanNorman, Policy and Research Counsel, Supreme Court of Ohio, 65 South Front Street, 7th Floor, Columbus, Ohio 43215-3431, or john.vannorman@sc.ohio.gov not later than June 12, 2013. Please include your full name and mailing address in any comments submitted by e-mail.

Key to Proposed Amendment:

1. Original language of the rule appears as regular typescript.
2. Language to be deleted appears thus.
3. Language to be added appears thus.

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- Spousal elections have been exercised.
- Disclaimers or assignments have been filed.
- The transfer is of decedent's entire interest in the mansion house to the surviving spouse, who hereby elects to take such interest as part or all of the intestate share and/or allowance for support. **[If this paragraph is checked, the following must be completed, and both the surviving spouse and applicant must sign this form].**

The value of the total intestate share to which decedent's surviving spouse is entitled is \$ _____

The value of the allowance for support to which decedent's surviving spouse is entitled is \$ _____

The value of decedent's entire interest in the mansion house is:

Interest in mansion house \$ _____

Interest in household goods in house \$ _____

Interest in lots or farm land adjacent to house
and used in conjunction with it, which are
described in Certificate of Transfer and which
spouse hereby elects to include..... \$ _____

Less: Decedent's share of liens
on any and all of above \$ _____

Total \$ _____ \$ _____

Surviving Spouse

Applicant

Title or status

ENTRY ISSUING CERTIFICATE OF TRANSFER

The Court finding that the above application contains the information required by statute orders that Certificate of Transfer No. _____ be filed with this Entry and a copy of the Certificate of Transfer be issued for recording.

- [Check if applicable]** The Court further finds that the transfer is subject to a charge pursuant to R. C. 2106.11.

Date

Probate Judge

CASE NO. _____

The legal description of decedent's interest in the real property subject to this certificate is: **[use extra sheets, if necessary]**.

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Prior Instrument Reference:

Parcel No:

This instrument was prepared by _____

ISSUANCE

This Certificate of Transfer is issued this _____ day of _____, 20_____.

Probate Judge

CERTIFICATION AUTHENTICATION

I certify that this document is a true copy of the original Certificate of Transfer No. _____ issued on _____ and kept by me as custodian of the official records of this Court.

Date

Probate Judge

By _____
Deputy Clerk

Amended: _____

Discard all previous versions of this form

CASE NO. _____

52 Attached is a certified copy of the Foreign Decree or Certificate of Adoption which has been verified and approved by
53 the Immigration and Naturalization Service of the United States, and if not in English, also attached is a translation
54 certified as to its accuracy by the translator.

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56 Attached is a fully completed Ohio Department of Health, Division of Vital Statistics, and Certificate of Adoption.

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58 The Petitioner(s) state that giving effect to the Foreign Decree or Certificate of Adoption would not violate the public
59 policy of the State of Ohio and respectfully pray for the following Order(s):

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63 An Order that the child's name shall be changed to:

64 _____
65 _____
66 _____

67 An order to the Ohio Department of Health to issue a new birth record for the adopted person under R.C.
68 3705.12(A)(1)

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70 Other _____
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78 _____
79 Attorney for Petitioner

78 _____
79 Petitioner

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81 _____
82 Typed or Printed Name

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81 _____
82 Typed or Printed Name

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84 _____
85 Street Address

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84 _____
85 Petitioner

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87 _____
88 City State Zip Code

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87 _____
88 Typed or Printed Name

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90 _____
91 Telephone Number (include area code)

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90 _____
91 Street Address

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93 _____
94 Attorney Registration No.

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94 City State Zip Code

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97 Telephone Number (include area code)

Effective Date: _____

CASE NO. _____

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10. The Decedent did not die of a contagious or infectious disease, or if so, a permit has been issued by the appropriate Board of Health, attached.

11. Decedent had had not executed a written Declaration of Assignment of Right of Disposition pursuant to R.C. 2108.70 *et seq.*

Attorney for Applicant

Applicant

Typed or Printed Name

Typed or Printed Name

Address

Address

Telephone Number (include area code)

Telephone Number (include area code)

Attorney Registration No.

Sworn to and subscribed in my presence this _____ day of _____, _____.

Notary Public

Effective Date: _____

