

**PROBATE COURT OF HAMILTON COUNTY, OHIO  
RALPH WINKLER, JUDGE**

ESTATE OF \_\_\_\_\_

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

**APPLICATION FOR APPOINTMENT OF COMMISSIONER TO OBTAIN  
LAST WILL AND TESTAMENT/CODICILS FROM SAFE DEPOSIT BOX**

Now comes \_\_\_\_\_ who requests to be appointed  
Commissioner to review the contents of the decedent's safe deposit box located at  
\_\_\_\_\_, a financial institution in the City of \_\_\_\_\_, State  
of Ohio. The applicant requests that the Commissioner be permitted to remove the decedent's  
will(s) and codicil(s) from the safety deposit box and bring the will(s) and the codicils(s) to the court.

The applicant states that the date of death of the decedent is \_\_\_\_\_.

\_\_\_\_\_  
Attorney for Applicant

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone Number (Including Area Code)

\_\_\_\_\_  
Phone Number (Including Area Code)

\_\_\_\_\_  
Attorney Registration No.

**ENTRY**

The Court hereby appoints \_\_\_\_\_ as Commissioner to open  
the decedent's safe deposit box in the presence of an employee of the above listed financial  
institution and report to the Court any Will(s) and Codicil(s) of the decedent discovered. The report  
shall be signed and dated by the Commissioner and filed with the Court within 30 days.

\_\_\_\_\_  
Ralph Winkler, Probate Judge

**PROBATE COURT OF HAMILTON COUNTY, OHIO  
RALPH WINKLER, JUDGE**

ESTATE OF \_\_\_\_\_

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

**REPORT ON RECEIPT OF  
LAST WILL AND TESTAMENT/CODICILS IN SAFE DEPOSIT BOX**

Now comes \_\_\_\_\_, who was authorized to receive the decedent's Last Will and Testament and Codicils from the Safe Deposit Box and states:

- An application to administer decedent's estate will not be filed. The Last Will and Testament and Codicils to be filed for Record Only.
  
- An application to administer decedent's estate will be filed.
  
- A Last Will and Testament and Codicils were not located in the Safe Deposit Box.

\_\_\_\_\_  
Attorney for Applicant

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number (Including Area Code)

\_\_\_\_\_  
Phone Number (Including Area Code)

Attorney Registration No. \_\_\_\_\_