

**PROBATE COURT OF DELAWARE COUNTY, OHIO**  
**DAVID A. HEJMANOWSKI, JUDGE**

ESTATE OF  
GUARDIANSHIP OF  
TRUST OF \_\_\_\_\_

INCOMPETENT  
, DECEASED

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

**APPLICATION TO DEPOSIT UNCLAIMED FUNDS  
INTO THE DELAWARE COUNTY, OHIO, TREASURY**  
[RC 2113.64]

This day the undersigned Applicant, \_\_\_\_\_ (Fiduciary / Attorney),  
Print or Type Name

in the above matter makes application to deposit funds belonging to the person or creditor set forth below, to the County  
Treasury pursuant to R.C. 2113.64.

Your Applicant states that:

☐ the funds have remained unclaimed and the Final Account is ready to be filed and further, that the applicant has used all  
reasonable diligence to locate and to notify such person or creditor that funds are owed to such person or creditor from this  
estate.

☐ the Fiduciary/Attorney has attempted to pay the funds to the person or creditor but the person or creditor has not endorsed  
such payment or has otherwise refused to accept the delivery of such payment.

**PERSON OR CREDITOR ADDITIONAL INFORMATION REQUIRED**

Print or type the following requested information here.

Full Name of person: \_\_\_\_\_

Last known address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Last known place of employment: \_\_\_\_\_

Address: \_\_\_\_\_

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

1. What was the relationship of the person to the decedent? Be specific, maternal, paternal, etc.

\_\_\_\_\_  
\_\_\_\_\_

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

2. Is this person deceased? ☐ Yes ☐ No

A. If deceased, what was the person's date of death? \_\_\_\_\_

B. Did the person die before or after the decedent? ☐ Before ☐ After

IF BEFORE, the funds are "for the benefit of the person's heir(s)".

IF AFTER, the funds are "for the benefit of the person's estate".

3. What actions have been taken to locate the person? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. Was there a special relative, friend or employer who may assist in finding this person?

\_\_\_\_\_  
\_\_\_\_\_

5. Who can identify the person or authenticate his/her identity, if the person is found?

\_\_\_\_\_  
\_\_\_\_\_

Dollar Amount of Funds to be Deposited: \$ \_\_\_\_\_

Attorney for Estate: \_\_\_\_\_  
Print or Type Name

Attorney Registration Number: \_\_\_\_\_

Wherefore, the Applicant requests an order authorizing the above funds to be deposited into the Delaware County, Ohio, Treasury.

Submitted By:

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

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Telephone Number (include area code)

\_\_\_\_\_  
E-mail