

PROBATE COURT OF LORAIN COUNTY, OHIO

ESTATE OF _____, DECEASED

CASE NO. _____

**WAIVER OF SERVICE TO SURVIVING SPOUSE
OF THE CITATION TO ELECT
[R.C. 2106.01(A)]**

The undersigned, surviving spouse of the above named decedent, being eighteen years of age or older and not under disability, waives the service of the citation required by section 2106.01(A) of the Revised Code.

I acknowledge I have received Standard Probate Form 8.3, Summary of General Rights of Surviving Spouse.

I understand that most of my rights must be exercised within five months from the date of the initial appointment of the administrator or executor. If I do not timely elect to exercise any specific right, it will be conclusively presumed I have elected not to exercise that right and the right will be forfeited.

Date

Signature of Surviving Spouse

Typed or printed name of surviving spouse

Attorney for Fiduciary

Typed or Printed Name

Address

City, State, Zip

Telephone Number (including area code)

Attorney Registration No. _____