

**PROBATE COURT OF TUSCARAWAS COUNTY, OHIO**

**ESTATE OF:** \_\_\_\_\_

**CASE NO:** \_\_\_\_\_

**CITATION TO SURVIVING SPOUSE TO  
EXERCISE ELECTIVE RIGHTS**

[R.C. 2106.01 and 2106.02]

To: \_\_\_\_\_

Name of Surviving Spouse

\_\_\_\_\_

Address

\_\_\_\_\_

City, State, Zip Code

You are hereby cited to elect to exercise your rights as surviving spouse. A summary of these rights is attached and incorporated herein. These rights include the right to elect against the will. Most of the rights must be exercised within five months from the date of the initial appointment of the administrator or executor. If you do not timely elect to exercise any specific right, it will be conclusively presumed you have elected not to exercise that right and the right will be forfeited. If you have questions concerning your rights, you should consult an attorney of your choice.

The date of appointment of the administrator or executor is, \_\_\_\_\_

The address of the probate court is: \_\_\_\_\_

The names and addresses of the executor or administrator and his or her attorney are:

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

\_\_\_\_\_  
Name

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

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

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

**Linda A. Kate, Probate Judge**

Date: \_\_\_\_\_

By: \_\_\_\_\_  
Deputy Clerk