AOC-830 Doc. Code: PDA & ODA Rev. 8-99 Page 1 of 2			ALTH OF		Case No CourtDistrict/Probate County		
Commonwealth of Kentucky							Court
Court of Justice				County			
KRS	391.030	0, 395.455, 396.095					
				ISPENSE WITH ADMI Children/Preferred C			
					,		
	E. Estate	e of	Name		Soc	ial Security No.	
			Address at Death		C	Date of Death	
			F	PETITION			
	Comes	the petitioner, being first	duly sworn, and sta	ates as follows:			
1.	Decede	t died $f \square$ testate $f \square$ intestate with residence at the above listed address and on the above date.					
2.	At the time of death, decedent left no estate to be administered with the exception of the following assets:						
		Asset			Value		
						_	
						_	
	In relation to the above named decedent, I am the (check all that apply) I surviving spouse I only surviving child surviving child whose surviving siblings have signed a waiver on the reverse or attached a waiver I preferred creditor preferred creditor of the decedent whose surviving spouse has signed a waiver on the reverse or attached a waiver I assignee of the preferred creditor.						
	As a preferred creditor/assignee of decedent, I have paid the following claim(s) against the estate in the following order, and attach receipts:						
		Claim		Payee		Amount	
	a. Fi	uneral Expenses					
		ebts and Taxes with Prefe nder Federal and Kentuck					
	c. O	ther					

5. I certify that there has been no previous administration of decedent's estate within Kentucky or elsewhere.

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Because the exemption given to the above surviving spouse/child(ren) and/or claim(s) of the above preferred creditor/assignee equals or exceeds the value of the above estate asset(s), I ask this Court to dispense with the administration of the above estate

and to transfer the above personal property to me or my designe	e
Signature of Surviving Spouse Waiving Preference (If Petitioner is not Decedent's Spouse)	Petitioner
Signature of Surviving Child Waiving Preference	Address
Signature of Surviving Child Waiving Preference	Phone Number
Subscribed and sworn before me by petitioner on	
My commission expires	
	Name/Title
ORDEF	3
Upon verified petition of the above petitioner, IT IS HEREB the administration of the estate of the above decedent, and the ab	
designee,	

Date

Judge

## CERTIFICATE

I certify that this petition and order were prepared in accordance with CR 11.

Attorney for Petitioner

Address and Phone Number

Distribution:

Court File Petitioner Revenue Cabinet