

**PROBATE COURT OF OTTAWA COUNTY, OHIO  
KATHLEEN L. GIESLER, JUDGE**

**IN THE MATTER OF:** \_\_\_\_\_

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

**RELEASE FOR RECORD CHECK**

By my signature below, I hereby authorize the release of any and all records or information that your agency may have pertaining to me to the Probate Court of Ottawa County, Ohio.

I understand that my social security number, driver's license number and birthday listed on the attached sheet be used for conducting the record check and upon conclusion of the record check that the attached sheet containing my social security number, driver license number and birth date shall be destroyed.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Fiduciary/Applicant

\_\_\_\_\_  
Typed Name

**CONCLUSION OF RECORD CHECK**

\_\_\_\_\_

Records checked and found to be in order.

\_\_\_\_\_

Records checked and found not to be in order.

\_\_\_\_\_

Record Check Information Sheet destroyed.

\_\_\_\_\_

Record Check Information Sheet returned to attorney.

\_\_\_\_\_  
Date

\_\_\_\_\_

**RECORD CHECK**  
**INFORMATION STATEMENT**

Name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver License Number: \_\_\_\_\_