PROBATE COURT OF WARREN COUNTY, OHIO

ESTATE OF, DECEASED CASE NO
PUBLICATION OF NOTICE [Use when only one estate included in notice]
To
Please publish the following notice [check one of the following] once per week for two consecutive weeks When publication is complete, fill out the attached proof of publication and return to the Court.
"TO ALL PERSONS INTERESTED IN THE ESTATE OF
Decedent's Name
, DECEASED, LATE OF Decedent's address
COUNTY PROBATE COURT, CASE NO
An application has been filed asking to relieve the estate from administration, saying that the assets do not exceed the statutory limits. A hearing on the application will be held
, ato'clockM. Persons knowing any reason why the application should not be granted should appear and inform the Court. The Court is located:
"
Probate Judge/Deputy Clerk
PROOF OF PUBLICATION
As directed by the Court, the attached notice was published in the named newspaper, in editions dated
The cost of publication is \$

Editor [or give other title]

[Attach copy of printed notice below]

FORM 5.4 - PUBLICATION OF NOTICE

PROBATE COURT OF _____COUNTY, OHIO

. JUDGE

ESTATE OF_____, DECEASED

CASE NO. _____

APPLICATION TO APPROVE SETTLEMENT AND DISTRIBUTION OF WRONGFUL DEATH AND SURVIVAL CLAIMS

[R.C. 2117.05, 2125.02, Civ. R. 19.1 and Sup. R. 70]

The fiduciary states:

[Check whichever of the following are applicable, strike inapplicable words, and incorporate all attachments into a single statement.]

There is an offer of (full) (partial) settlement without suit being filed.
There is an offer of (full) (partial) settlement after suit was filed. The style of the case, the court, and case number being
A judgment has been recovered for damages for the decedent's wrongful death (and personal injury and property damage arising out of the same act and which survive the decedent).
The amount of the settlement or judgment is \$
There is a partial settlement and therefore the estate must remain open pending final disposition of the claims.
The offer includes, or the judgment sets forth separately, reasonable funeral and burial expenses in the amount of \$
Reasonable compensation for the fiduciary for services rendered is <u></u> and an itemization of such services is attached.
Outstanding hospital and medical bills in the amount of \$and an itemization of such bills is attached.
Outstanding claims to a right of subrogation for the payment of hospital and medical bills in the amount of \$ and an itemization of such is attached.
A reasonable attorney fee for the attorney's services is <u>and</u> reimbursement to the attorney for case expenses is <u>.</u> . A copy of the attorney's fee contract that (has) (has not) received prior approval of the Court, subject to modification, and itemization of the case expenses are attached.
Other:
The net proceeds of \$to the wrongful death action and \$to the survival action. A statement in support thereof is attached.

FORM 14.0 - APPLICATION TO APPROVE SETTLEMENT AND DISTRIBUTION OF WRONGFUL DEATH AND SURVIVAL CLAIMS

CASE NO. _____

- A statement in support of the proffered settlement is attached.
- □ Supplemental forms required by local rule of court are attached.
- All of the beneficiaries of the wrongful death action are on equal degree of consanguinity, are adults, and have agreed how the net proceeds allocated to the wrongful death claim are to be distributed.
- The beneficiaries of the wrongful death action are not all on equal degree of consanguinity, or one or more of the beneficiaries is a minor, or the beneficiaries have not agreed how the net proceeds are to be distributed.
- The surviving spouse, children, and parents of the decedent and the other next of kin who have suffered damages by reason of the wrongful death are as follows and the distribution should be as follows:

Name	Residence Address	Relationship to Decedent	Birthdate of Minor	Amount

□ The survival claim beneficiaries are as follows:

Name	Residence Address	Relationship to Decedent	Birthdate of Minor	Amount

The fiduciary requests that the Court approve the application and authorize the fiduciary to execute a (complete) (partial) release which upon payment of the settlement shall be a (complete) (partial) discharge of the claim.

Attorney for Fiduciary

Fiduciary

Attorney Registration No.

ENTRY SETTING HEARING AND ORDERING NOTICE

The Court sets _______at _____o'clock _____.m. as the date and time for hearing the above application and orders notice to be given by the fiduciary, as provided in the Rules of Civil Procedure, to the wrongful death and survival claim beneficiaries who have not waived notice.

_, Probate Judge

Amended: January 1, 2015 Discard all previous versions of this form

PROBATE COURT OF WARREN COUNTY, OHIO

ESTATE OF_____, DECEASED

4/97

CASE NO.

WAIVER AND CONSENT WRONGFUL DEATH AND SURVIVAL CLAIMS

The undersigned waive notice of the hearing and consent to and approve the settlement and distribution as set forth in Form 14.0, Application to Approve Settlement and Distribution of Wrongful Death and Survival Claims, a copy of which I have received.

FORM 14.1 - WAIVER AND CONSENT--WRONGFUL DEATH AND SURVIVAL CLAIMS

	PROBATE COURT OF		_ COUNTY, O	HIO
		, JUDGE	E	
ESTATE C	DF		9	DECEASED
CASE NO	·			
	ENTRY APPROVING SETTL WRONGFUL DEATH			OF
Upon hearin Court:	g the application to approve settlement ar	d distribution of the wro	ongful death and su	rvival claims, the
Approve	s the proffered settlement of \$		v	
Orders p expense	ayment of \$s.	to be appli	ed to decedent's fu	neral and burial
Orders p wrongful	ayment of \$ death and survival claims.	to the fiduciary for ser	vices rendered with	respect to the
Orders p	ayment of \$ for attorney fe for attorney fe ival claims.	the attorney for reimbues for services rendere	ursement of case ex d with respect to the	xpenses and \$ e wrongful death
survival	hat the net proceeds of \$ death claim and \$ claim shall be considered an asset of the ration of the estate.	be all to the surviva estate and shall be refl	ocated \$ I claim. The amou ected in the fiduciar	to the nt allocated to the y's account of the
	of the beneficiaries of the wrongful death agreed how the net proceeds allocated t			
parents,	istribution of the net proceeds allocated to and other next of kin, in the equitable sha and loss to each beneficiary resulting fro tries.	res shown below, fixed	l by the Court havin	g due regard for
Name	Residence Address	Relationship to Decedent	Birthdate of Minor	Amount
		**		

FORM 14.2 - ENTRY APPROVING SETTLEMENT AND DISTRIBUTION OF WRONGFUL DEATH AND SURVIVAL CLAIMS

.

CASE NO.

[Reverse of Form 14.2]

Orders that the share of:	
To R.C. 2111.05.	a minor(s) be deposited pursuant
of the estate of such minor.	a minor(s) be paid to the guardian
for the benefit of the child(ren) until twenty-five years of age.	a child(ren) be deposited in a trust
Authorizes the fiduciary to execute a release which, upon payme	ent, shall be a discharge of the claim.
Orders the fiduciary and the attorney to report the distribution of Entry.	the proceeds within thirty days of the date of this
Further orders	
Approved:	
Attorney for Fiduciary	Probate Judge
Attorney Registration No.	Date

PROBATE COURT OF WARREN COUNTY, OHIO

ES	TAT	ΓE	OF_

_____, DECEASED

REPORT OF DISTRIBUTION OF WRONGFUL DEATH AND SURVIVAL CLAIMS

	, the proceeds have been paid as shown
below and on the accompanying vouchers.	
Gross Proceeds	\$
Funeral and burial expenses	\$
Fiduciary fees to	\$
Reimbursement of case expenses to	¢
Attorney fees to	\$
Survival claim to the estate	\$
Total Deductions	\$
Net Proceeds	\$
Net proceeds to beneficiaries:	
То:	\$
То:	_ \$
То:	_ \$
То:	_ \$
To:	
To:	
To:	_ \$
Total payments to beneficiaries	\$
	Balance -O-
The fiduciary states that there are no other a	assets remaining in the estate.
The fiduciary states that there are assets rer	maining in the estate.
Attorney for Fiduciary	Fiduciary

Attorney Registration No. _____

ENTRY

The above report of the distribution of the proceeds is hereby approved.

There being no further assets to administer, the fiduciary and surety, if any, are discharged.

Date

PROBATE JUDGE