

**PROBATE COURT OF SUMMIT COUNTY, OHIO**

**ESTATE OF:** \_\_\_\_\_, **DECEASED**

**CASE NO.** \_\_\_\_\_

**NOTICE OF HEARING ON REPRESENTATION OF INSOLVENCY AND  
SCHEDULE OF CLAIMS**

[R.C. 2117.17]

**TO THE FOLLOWING CREDITOR, CLAIMANT OR INTERESTED PERSON:**

\_\_\_\_\_  
Typed or Printed Name of Creditor, Claimant or Interested Person

\_\_\_\_\_  
Address

You are hereby notified that the fiduciary of this estate has filed a Representation of Insolvency and a Schedule of Claims in the Probate Court of Summit County, Ohio. A copy of the Representation of Insolvency and the Schedule of Claims is attached to this Notice of Hearing.

The Representation of Insolvency and the Schedule of Claims shall be heard before the Summit County Probate Court, located at 209 S. High Street, Akron Ohio 44308 on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_ M.

The actions of the fiduciary in allowing and classifying claims will be confirmed at the hearing unless cause to the contrary is shown. Exceptions, if any, to the allowance or classification of any specific claim, must be in writing and filed with the Court prior to the hearing.

\_\_\_\_\_  
Fiduciary/Attorney for Fiduciary

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Address

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

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