

PROBATE COURT OF SUMMIT COUNTY, OHIO

ESTATE OF: _____, **DECEASED**

CASE NO. _____

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

[R.C. 2117.17]

The undersigned does hereby verify that, unless waived, written notice was given, no less than 10 days prior to the hearing, by personal service or certified mail to all creditors, claimants, to the surviving spouse, to the custodians of minor children who are not the children of the surviving spouse, and other persons having an interest in the estate as devisees, legatees, heirs and distributees.

Attached hereto are the proofs of service and/or waivers of notice.

Fiduciary/Attorney for Fiduciary

Typed or Printed Name

Address

Phone Number (include area code)

Attorney Registration No. _____