

PROBATE COURT OF SUMMIT COUNTY, OHIO

ESTATE OF: _____, DECEASED

CASE NO. _____

INSOLVENCY SCHEDULE OF CLAIMS

[R.C. 2117.15, 2117.17, 2117.25]

The fiduciary states that this Schedule of Claims lists all claims which are presented or secured. The claims are listed by classes and in the order of priority of payment pursuant to Section 2117.25 of the Ohio Revised Code.

(Use extra sheets if necessary)

Fiduciary

Page ____ of ____ Pages

[Note: Include a subtotal following each payment class and a grand total for all payment classes.]

Name and Address of Claimant	Payment Class	Amount Claimed	Estimated Payment	Claim Rejected: Y/N
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				
6. _____				
7. _____				
8. _____				
9. _____				
10. _____				
11. _____				
12. _____				
13. _____				
14. _____				
15. _____				

Comments (Refer to Claim Number) _____