Reset Form

PROBATE COURT OF SUMMIT COUNTY, OHIO
ELINORE MARSH STORMER, JUDGE

ESTATE OF _____, DECEASED

CASE NO. _____

NOTICE OF HEARING on ACCOUNT WITH APPLICATION FOR ATTORNEY FEES to HEIRS AND BENEFICIARIES with CERTIFICATE OF SERVICE

[R.C. 2109.32 and Local Rule 71.1]

An account and application for attorney fees has been filed, and the hearing will be held on _____ at _____ o'clock ___.M. The Court is located at **209 South High Street, Akron, Ohio 44308**.

IF YOU AGREE WITH THE APPLICATION FOR ATTORNEY FEES AND THE ACCOUNTING, YOU DO NOT NEED TO DO ANYTHING AND YOU DO NOT NEED TO ATTEND THE HEARING.

This is to certify that a true and accurate copy of the Application for Attorney Fees and the Accounting notice was served

_____ upon all beneficiaries of the estate pursuant to Civil Rule 5(B), except:
Date

☐ The following heir or beneficiary whose address is unknown: _____

_____

☐ The following beneficiary of a specific bequest or devise who has received his or her distribution and for which a receipt has been filed or exhibited with the Court:

_____

You are required to review the application for attorney fees and the accounting. If you do **not** agree with the application or the accounting, you **must** file a **written** objection and pay the $30 filing fee with the Court, at least **five (5) business days** prior to the date listed above. Business days are defined as any day the Court is open. Objections must also be sent to the Fiduciary and their attorney. **If a hearing is required, it will be re-set on a separate date and time with the magistrate overseeing the case.** The magistrate will only consider objections to the application for attorney fees and the accounting. If there are no objections, the application for fees and the accounting may be approved without further notice.

_____
Attorney Signature

_____
Fiduciary Signature

_____
Type or Print Attorney Name

_____
Type or Print Fiduciary Name

Attorney Registration No. _____