

PROBATE COURT OF SUMMIT COUNTY, OHIO

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

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

CONTINUATION  
INSOLVENCY SCHEDULE OF CLAIMS  
[R.C. 2117.15, 2117.17, 2117.25]

Page \_\_\_\_ of \_\_\_\_ Pages

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

| Name and Address<br>of Claimant | Payment<br>Class | Amount<br>Claimed | Estimated<br>Payment | Claim<br>Rejected: Y/N |
|---------------------------------|------------------|-------------------|----------------------|------------------------|
| 1. _____                        |                  |                   |                      |                        |
| 2. _____                        |                  |                   |                      |                        |
| 3. _____                        |                  |                   |                      |                        |
| 4. _____                        |                  |                   |                      |                        |
| 5. _____                        |                  |                   |                      |                        |
| 6. _____                        |                  |                   |                      |                        |
| 7. _____                        |                  |                   |                      |                        |
| 8. _____                        |                  |                   |                      |                        |
| 9. _____                        |                  |                   |                      |                        |
| 10. _____                       |                  |                   |                      |                        |
| 11. _____                       |                  |                   |                      |                        |
| 12. _____                       |                  |                   |                      |                        |
| 13. _____                       |                  |                   |                      |                        |
| 14. _____                       |                  |                   |                      |                        |
| 15. _____                       |                  |                   |                      |                        |
| 16. _____                       |                  |                   |                      |                        |
| 17. _____                       |                  |                   |                      |                        |
| 18. _____                       |                  |                   |                      |                        |

Comments (Refer to Claim Number) \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Fiduciary