PRINT

PROBATE COURT OF BUTLER COUNTY, OHIO

ESTATE OF _____, **DECEASED**

CASE NO.: _____

CONTINUATION OF INSOLVENCY AND 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 OF CLAIMANT	PAYMENT CLASS	AMOUNT CLAIMED	ESTIMATED PAYMENT	CLAIM REJECTED (Y/N)

Comments (Refer to Claim Number): _____

_____

_____

_____
Fiduciary