PROBATE COURT OF BUTLER COUNTY, OHIO
JOHN M. HOLCOMB, JUDGE

ESTATE OF _____

CASE NO. _____

REPRESENTATION OF INSOLVENCY

[R.C. 2117.15]

The fiduciary states that the decedent died on the _____ day of _____, _____.

The fiduciary states the following:

☐ There is a surviving spouse and no minor children of the decedent who are not the children of the surviving spouse, and an "Application for Family Allowance" (Form 7.1) has been filed;

☐ There is a surviving spouse and minor children of the decedent who are not the children of the surviving spouse and an "Application for Apportionment of Family Allowance" (Form 7.2) has been filed;

☐ There is no surviving spouse and more than one minor child of the decedent and an "Application for Apportionment of Family Allowance" (Form 7.2) has been filed;

☐ An election has been made to take the mansion house, other real property, and/or tangible personal property as part of the allowance for support. It is unnecessary to liquidate these assets.

The fiduciary states that the Inventory and Schedule of Assets have been filed and approved.

The fiduciary states that the time for filing claims has expired, and that claims against the estate, either presented or secured, are in the sum of $_____, and there are no known contingent claims.

The fiduciary states that the Schedule of Claims is attached, and that all claims have been listed by priority pursuant to R.C. 2117.25.

☐ The fiduciary states that the assets of the estate, to the extent necessary, have been liquidated.

The estate consists of:

A mansion house worth $_____.

Other real property worth $_____.

Tangible personal property worth $_____.

Intangible personal property worth $_____.

CASE NO. _____

[Reverse of Form 24.0]

REPRESENTATION OF INSOLVENCY

The fiduciary states that the claims against the estate exceed the assets of the estate and that the estate appears to be insolvent.

The fiduciary applies to this Court to set this matter for further hearing and instructions as to the priority of and the payment of claims.

_____	_____
Attorney for Fiduciary (Signature)	Fiduciary (Signature)
_____	_____
Typed or Printed Name	Typed or Printed Name
_____	_____
Address	Address
_____	_____
_____	_____
Telephone Number (include area code)	Telephone Number (include area code)

Attorney Registration Number: _____