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

ESTATE OF _____, DECEASED

CASE NO. _____

INSOLVENCY AND 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 R.C. 2117.25. **For extra sheets, use Form 24.5.**

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_____
Fiduciary

[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): _____
_____
_____