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

ESTATE OF _____ **, DECEASED**

CASE NO. _____

APPLICATION TO APPROVE SETTLEMENT AND DISTRIBUTION OF WRONGFUL DEATH AND SURVIVAL CLAIMS

[R.C. 2117.05, 2125.02, Civ. R. 19.1 and Sup. R. 70]

The fiduciary states:

[Check whichever of the following are applicable, strike inapplicable words, and incorporate all attachments into a single statement.]

☐ There is an offer of ☐ (full) ☐ (partial) settlement without suit being filed.

☐ There is an offer of ☐ (full) ☐ (partial) settlement after suit was filed. The style of the case, the court, and case number being _____.

☐ A judgment has been recovered for damages for decedent's wrongful death (and personal injury and property damage arising out of the same act and which survive the decedent).

☐ The amount of the settlement or judgment is $ _____ .

☐ This is a partial settlement and therefore the estate must remain open pending final disposition of the claims.

☐ The offer includes, or the judgment sets forth separately, reasonable funeral and burial expenses in the amount of $ _____ .

☐ Reasonable compensation for the fiduciary for services rendered is $ _____ and an itemization of such services is attached.

☐ Outstanding hospital and medical bills in the amount of $ _____ and an itemization of such bills is attached.

☐ Outstanding claims to a right of subrogation for the payment of hospital and medical bills in the amount of $_____ and an itemization of such is attached.

☐ A reasonable attorney fee for the attorney's services is $ _____ and reimbursement to the attorney for case expenses is $ _____ . A copy of the attorney's fee contract that ☐ (has) ☐ (has not) received prior approval of the Court, subject to modification, and itemization of case expenses are attached.

☐ Other: _____

_____

☐ The net proceeds of $ _____ should be allocated $ _____ to the wrongful death action and $ _____ to the survival action. A statement in support thereof is attached.

CASE NO. _____

☐ A statement in support of the proffered settlement is attached.
☐ Supplemental forms required by local rule of court are attached.
☐ All of the beneficiaries of the wrongful death action are on equal degree of consanguinity, are adults, and have agreed how the net proceeds allocated to the wrongful death claim are to be distributed.
☐ The beneficiaries of the wrongful death action are not on an equal degree of consanguinity, or one or more of the beneficiaries is a minor, or the beneficiaries have not agreed how the net proceeds are to be distributed.
☐ The surviving spouse, children, and parents of the decedent and other next of kin who have suffered damages by reason of the wrongful death are as follows and the distribution should be as follows:

Name	Residence Address	Relationship to Decedent	Birthdate of Minor	Amount

☐ The survival claim beneficiaries are as follows:

Name	Residence Address	Relationship to Decedent	Birthdate of Minor	Amount

The fiduciary requests that the Court approve the application and authorize the fiduciary to execute a ☐ (complete) ☐ (partial) release which upon payment of the settlement shall be a ☐ (complete) ☐ (partial) discharge of the claim.

_____ _____
Attorney for Fiduciary Fiduciary

Attorney Registration No. _____

ENTRY SETTING HEARING AND ORDERING NOTICE

The Court sets _____ at _____ o'clock ___ .M. as the date and time for hearing the above application and orders notice to be given by the fiduciary, as provided in the Rules of Civil Procedure, to the wrongful death and survival claim beneficiaries who have not waived notice.

_____
JOHN M. HOLCOMB, PROBATE JUDGE

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

ESTATE OF _____ **, DECEASED**

CASE NO. _____

WAIVER AND CONSENT
WRONGFUL DEATH AND SURVIVAL CLAIMS

The undersigned waive notice of the hearing and consent to and approve the settlement and distribution as set forth in Form 14.0, Application to Approve Settlement and Distribution of Wrongful Death and Survival Claims, a copy of which I have received.

Typed Name	Typed Name
Typed Name	Typed Name
Typed Name	Typed Name
Typed Name	Typed Name
Typed Name	Typed Name
Typed Name	Typed Name
Typed Name	Typed Name

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

ESTATE OF _____, DECEASED

CASE NO. _____

ENTRY APPROVING SETTLEMENT AND DISTRIBUTION OF WRONGFUL DEATH AND SURVIVAL CLAIMS

Upon hearing the application to approve settlement and distribution of the wrongful death and survival claims, the Court:

☐ Approves the proffered settlement of $ _____ .

☐ Orders payment of $ _____ to be applied to decedent's funeral and burial expenses.

☐ Orders payment of $ _____ to the fiduciary for services rendered with respect to the wrongful death and survival claims.

☐ Orders payment of $ _____ to the attorney for reimbursement of case expenses and $ _____ for attorney fees for services rendered with respect to the wrongful death and survival claims.

☐ Orders that the net proceeds of $ _____ be allocated $ _____ to the wrongful death claim and $ _____ to the survival claim. The amount allocated to the survival claim shall be considered an asset of the estate and shall be reflected in the fiduciary's account of the administration of the estate.

☐ Finds all of the beneficiaries of the wrongful death claim are on an equal degree of consanguinity, are adults, and have agreed how the net proceeds allocated to the wrongful death claim are to be distributed.

☐ Orders distribution of the net proceeds allocated to the wrongful death claim to the surviving spouse, children, parents, and other next of kin, in the equitable shares shown below, fixed by the Court having due regard for the injury and loss to each beneficiary resulting from the death and for the age and condition of the beneficiaries.

Name	Residence Address	Relationship to Decedent	Birthdate of Minor	Amount

[Reverse of Form 14.2]

CASE NO. _____

Orders that the share of:

☐ _____ a minor(s) be deposited pursuant to R.C. 2111.05.

☐ _____ a minor(s) be paid to the guardian of the estate of such minor.

☐ _____ a child(ren) be deposited in a trust for the benefit of the child(ren) until twenty-five years of age.

Authorizes the fiduciary to execute a release which, upon payment, shall be a discharge of the claim.

Orders the fiduciary and the attorney to report the distribution of the proceeds within thirty days of the date of this Entry.

Further orders _____

_____

_____

_____

Approved:

_____ _____

Attorney for Fiduciary Probate Judge

Attorney Registration No. _____ _____

Date

FORM 14.2 - ENTRY APPROVING SETTLEMENT AND DISTRIBUTION OF WRONGFUL DEATH AND SURVIVAL CLAIMS

Amended: September 1, 2011
Discard all previous versions of this form

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

ESTATE OF _____ **, DECEASED**

CASE NO. _____

REPORT OF DISTRIBUTION OF WRONGFUL DEATH AND SURVIVAL CLAIMS

Pursuant to Entry filed _____ , _____ , the proceeds have been paid as shown below and on the accompanying vouchers.

Gross Proceeds		$ _____
Funeral and burial expenses	$ _____	
Fiduciary fees to _____	$ _____	
Reimbursement of case expenses to _____	$ _____	
Attorney fees to _____	$ _____	
Survival claim to the estate	$ _____	
Total deductions	$ 0.00	
Net proceeds		$ _____
Net proceeds to beneficiaries:		
To: _____	$ _____	
To: _____	$ _____	
To: _____	$ _____	
To: _____	$ _____	
To: _____	$ _____	
To: _____	$ _____	
To: _____	$ _____	
Total payments to beneficiaries		$ 0.00
	Balance	$0.00

☐ The fiduciary states that there are no other assets remaining in the estate.

☐ The fiduciary states that there are assets remaining in the estate.

_____ _____

Attorney for Fiduciary Fiduciary

Attorney Registration No. _____

ENTRY

The above report of the distribution of the proceeds is hereby approved.

☐ There being no further assets to administer, the fiduciary and surety, if any, are discharged.

_____ _____

Date PROBATE JUDGE