

**IN THE WARREN COUNTY, OHIO COMMON PLEAS COURT  
PROBATE DIVISION**

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

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

**INSOLVENCY 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 Section 2117.25 of the Ohio Revised Code. **(Use extra sheets if necessary)**

\_\_\_\_\_  
**Fiduciary**

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

<b>Name and Address of Claimant</b>	<b>Payment Class</b>	<b>Amount Claimed</b>	<b>Estimated Payment</b>	<b>Claim Rejected Y/N</b>
1.	(1)			
2.				
3.				

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