PROBATE COURT OF HAMILTON COUNTY, OHIO

JAMES CISSELL, JUDGE

ESTATE OF_____, DECEASED

CASE NO. _____

REPRESENTATION OF INSOLVENCY

[R.C. 2117.15]

The fiduciary states that the decedent died on _____.

☐ The fiduciary states that:

- ☐ 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" (Standard Probate Form 7.1) has been filed, or
- ☐ 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"(Standard Probate Form 7.2) has been filed, or
- ☐ there is no surviving spouse and more than one minor child of the decedent and an "Application for Apportionment of Family Allowance" (Standard Probate 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 $ _____.
- ☐ other real property $_____.
- ☐ tangible personal property $_____.
- ☐ intangible personal property $_____.

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	Fiduciary
_____	_____
Typed or Printed Name	Typed or Printed Name
_____	_____
Address	Address
_____	_____
_____	_____
Phone Number (include area code)	Phone Number (include area code)

Attorney Registration No. _____

PROBATE COURT OF HAMILTON COUNTY, OHIO

JAMES CISSELL, JUDGE

ESTATE OF_____, DECEASED

CASE NO. _____

JUDGMENT ENTRY SETTING HEARING AND ORDERING NOTICE

[R.C. 2117.17]

The fiduciary has filed a Representation of Insolvency and Schedule of Claims. It appears probable that there will not be sufficient assets to pay in full all of the valid claims of the estate.

The Representation of Insolvency and the Schedule of Claims shall be heard before the Hamilton County Probate Court, located at _____ on the _____ day of _____, 20 _____ at _____ o'clock____ M.

Unless waived, the fiduciary shall give written notice, no less than 10 days prior to the hearing, by personal service or certified mail to all creditors, claimants, to the surviving spouse, to the custodians of minor children who are not the children of the surviving spouse, and other persons having an interest in the estate as devisees, legatees, heirs and distributees.

The fiduciary shall file verification of service of notice with the Court, no later than the date of the hearing.

_____
Probate Judge

PROBATE COURT OF HAMILTON COUNTY, OHIO

JAMES CISSELL, JUDGE

ESTATE OF_____, DECEASED

CASE NO. _____

NOTICE OF HEARING ON REPRESENTATION OF INSOLVENCY AND SCHEDULE OF CLAIMS

[R.C. 2117.17]

TO THE FOLLOWING CREDITOR, CLAIMANT OR INTERESTED PERSON:

_____
Typed or Printed Name of Creditor, Claimant or Interested Person

_____
Address
_____

You are hereby notified that the fiduciary of this estate has filed a Representation of Insolvency and a Schedule of Claims in the Probate Court of Hamilton County, Ohio. A copy of the Representation of Insolvency and the Schedule of Claims is attached to this Notice of Hearing.

The Representation of Insolvency and the Schedule of Claims shall be heard before the _____ County Probate Court, located at _____ on the _____ day of _____, 20____, at _____ o'clock ___ . M.

The actions of the fiduciary in allowing and classifying claims will be confirmed at the hearing unless cause to the contrary is shown. Exceptions, if any, to the allowance or classification of any specific claim, must be in writing and filed with the Court prior to the hearing.

_____
Fiduciary/Attorney for Fiduciary

_____
Typed or Printed Name

_____
Address

_____

_____
Phone Number (include area code)

Attorney Registration No. _____

PROBATE COURT OF HAMILTON COUNTY, OHIO

JAMES CISSELL, JUDGE

ESTATE OF_____, DECEASED

CASE NO. _____

VERIFICATION OF SERVICE
NOTICE OF HEARING ON REPRESENTATION OF INSOLVENCY AND SCHEDULE OF CLAIMS

[R.C. 2117.17]

The undersigned does hereby verify that, unless waived, written notice was given, no less than 10 days prior to the hearing, by personal service or certified mail to all creditors, claimants, to the surviving spouse, to the custodians of minor children who are not the children of the surviving spouse, and other persons having an interest in the estate as devisees, legatees, heirs and distributees.

Attached hereto are the proofs of service and/or waivers of notice.

_____
Fiduciary/Attorney for Fiduciary

_____
Typed or Printed Name

_____
Address

_____

_____
Phone Number (include area code)

Attorney Registration No. _____

PROBATE COURT OF HAMILTON COUNTY, OHIO

JAMES CISSELL, JUDGE

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

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
1.	**(1)**			

Comments (Refer to Claim Number) _____

_____

PROBATE COURT OF HAMILTON COUNTY, OHIO

JAMES CISSELL, JUDGE

ESTATE OF_____, DECEASED

CASE NO. _____

CONTINUATION
INSOLVENCY 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
1.	(1)			

Comments (Refer to Claim Number) _____

_____

_____
Fiduciary

PROBATE COURT OF HAMILTON COUNTY, OHIO

JAMES CISSELL, JUDGE

ESTATE OF_____, DECEASED

CASE NO. _____

JUDGMENT ENTRY OF INSOLVENCY

[R.C. 2117.15, 2117.17, 2117.25]

This matter was heard on the _____ day of _____, 20____ on the Representation of Insolvency and Insolvency Schedule of Claims.

The Court finds that notice was properly given to all creditors, claimants and other interested persons.

The Court finds:

☐ that there were no exceptions filed as to the allowance or classification of any specific claim, or

☐ that any exceptions filed were addressed and resolved by the Court.

The Court finds:

☐ that the fiduciary acted properly in classifying, allowing or rejecting claims on the Insolvency Schedule of Claims.

☐ that the Insolvency Schedule of Claims is amended as follows:_____

_____

_____

_____

The Court finds that the claims against the estate exceed the assets of the estate, and that the estate is insolvent.

☐ It is Ordered that the fiduciary shall pay the claims in the order and in the amount as proposed.

☐ It is Ordered that the fiduciary shall pay the claims in the order and in the amount as proposed, except as follows: _____

_____

_____

_____

CASE NO._____

☐ It is Ordered: ☐ that all claims in Class _____ are to be paid in full, ☐ that all claims in Class _____ are to paid pro rata at _____ % per attached computation, and ☐ that all claims below Class _____ are disallowed in that there are no funds available.

☐ It is Ordered that the fiduciary shall file a Final and Distributive Account within thirty (30) days of this Order.

☐ It is Ordered that the fiduciary shall file a Certificate of Termination within thirty (30) days of this Order.

_____

, Probate Judge