

PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO  
\_\_\_\_\_, JUDGE

ESTATE OF \_\_\_\_\_, DECEASED

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

**CONTINUATION  
INSOLVENCY SCHEDULE OF CLAIMS**  
[R.C. 2117.15, 2117.17, 2117.25]

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[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