PROBATE COURT OF HAMILTON COUNTY, OHIO **RALPH WINKLER, JUDGE**

| ESTATE OF | | | | , DECEASED | |
|------------------|--|--|--|------------|--|
| | | | | | |
| CASE NO | | | | | |

APPLICATION TO APPROVE SETTI EMENT 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 numbe being |
| A judgment has been recovered for damages for the 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 \$ |
| There 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 o \$ |
| Reasonable compensation for the fiduciary for services rendered is \$ and an itemization o 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 o \$ and an itemization of such is attached. |
| A reasonable attorney fee for the attorney's services is \$ and reimbursement to the attorney for case expense 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 the 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. |

[Reverse of Form 14.0]

| | | CASE NO | | | | | | |
|-------------------------|---|--|-----------------------|-------------------------|--|--|--|--|
| A statement in sup | port of the proffered settlen | nent is attached. | | | | | | |
| Supplemental form | ns required by local rule of o | court are attached. | | | | | | |
| | ries of the wrongful death a eds allocated to the wrongfu | | | adults, and have agreed | | | | |
| | The beneficiaries of the wrongful death action are not all on 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. | | | | | | | |
| | use, children, and parents on gful death are as follows are | | | ve suffered damages by | | | | |
| 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 | | | | |
| | that the Court approve the yment of the settlement sha | | | | | | | |
| Attorney for Fiduciary | | | Fiduciary | | | | | |
| Attorney Registration N | No. | | | | | | | |