

PROBATE COURT OF HAMILTON COUNTY, OHIO

ESTATE OF Samuel O Beall, DECEASED

CASE NO. 2002000766

CONSENT TO PAYMENT OF ATTORNEY FEES

[This form to be used in a decedent's estate when the requested attorney fees are within the Court's guideline fee]


The undersigned, being a residuary beneficiary or other interested person in the above captioned estate, hereby consents to the payment of attorney fees in the amount of \$ 22,215 and costs in the amount of \$ _____

In signing this consent, the undersigned hereby acknowledges

- (1) The receipt of the attorney's fee statement with a description of services rendered to the estate,
- (2) The fee charged is within the Court's guideline and that said guideline fee has not been represented as a schedule of a minimum or a maximum fee to be charged
- (3) The Court need not make an independent determination that said services were reasonable, necessary and beneficial to the estate

Willa B. Beall, Executrix

Willa B. Beall, Exec.
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 Cincinnati, OH 45230
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FILED
 COURT COMMON PLEAS
 PROBATE DIVISION
 HAMILTON COUNTY, OHIO

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