PROBATE COURT OF _____COUNTY, OHIO

_____, 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)

_____

_____