PROBATE COURT OF _____COUNTY, OHIO

_____, JUDGE

ESTATE OF_____ , DECEASED

CASE NO. _____

CONTINUATION INSOLVENCY SCHEDULE OF CLAIMS

[R.C. 2117.15, 2117.17,2117.26]

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