

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

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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) \_\_\_\_\_