

PROBATE COURT OF ROSS COUNTY, OHIO

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)**

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Fiduciary _____

[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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Comments (Refer to Claim Number) _____
