

**PROBATE COURT OF MADISON COUNTY, OHIO  
CHRISTOPHER J. BROWN, JUDGE**

**ESTATE OF \_\_\_\_\_, DECEASED**

**CASE NO. \_\_\_\_\_**

**APPLICATION TO APPROVE SETTLEMENT AND DISTRIBUTION OF  
WRONGFUL DEATH AND SURVIVAL CLAIMS**

[R.C. 2117.05, 2125.02, Civ. R. 19.1 and Sup. R. 70]

The fiduciary states:

[Check whichever of the following are applicable, strike inapplicable words, and incorporate all attachments into a single statement.]

- There is an offer of (full) (partial) settlement without suit being filed.
- There is an offer of (full) (partial) settlement after suit was filed. The style of the case, the court, and case number being \_\_\_\_\_.
- A judgment has been recovered for damages for the decedent's wrongful death (and personal injury and property damage arising out of the same act and which survive the decedent).
- The amount of the settlement or judgment is \$ \_\_\_\_\_.
- There is a partial settlement and therefore the estate must remain open pending final disposition of the claims.
- The offer includes, or the judgment sets forth separately, reasonable funeral and burial expenses in the amount of \$ \_\_\_\_\_.
- Reasonable compensation for the fiduciary for services rendered is \$ \_\_\_\_\_ and an itemization of such services is attached.
- Outstanding hospital and medical bills in the amount of \$ \_\_\_\_\_ and an itemization of such bills is attached.
- Outstanding claims to a right of subrogation for the payment of hospital and medical bills in the amount of \$ \_\_\_\_\_ and an itemization of such is attached.
- A reasonable attorney fee for the attorney's services is \$ \_\_\_\_\_ and reimbursement to the attorney for case expenses is \$ \_\_\_\_\_. A copy of the attorney's fee contract that (has) (has not) received prior approval of the Court, subject to modification, and itemization of the case expenses are attached.
- Other: \_\_\_\_\_  
\_\_\_\_\_.
- The net proceeds of \$ \_\_\_\_\_ should be allocated \$ \_\_\_\_\_ to the wrongful death action and \$ \_\_\_\_\_ to the survival action. A statement in support thereof is attached.

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- A statement in support of the proffered settlement is attached.
- Supplemental forms required by local rule of court are attached.
- All of the beneficiaries of the wrongful death action are on equal degree of consanguinity, are adults, and have agreed how the net proceeds allocated to the wrongful death claim are to be distributed.
- The beneficiaries of the wrongful death action are not all on equal degree of consanguinity, or one or more of the beneficiaries is a minor, or the beneficiaries have not agreed how the net proceeds are to be distributed.
- The surviving spouse, children, and parents of the decedent and the other next of kin who have suffered damages by reason of the wrongful death are as follows and the distribution should be as follows:

Name	Residence Address	Relationship to Decedent	Birthdate of Minor	Amount

- The survival claim beneficiaries are as follows:

Name	Residence Address	Relationship to Decedent	Birthdate of Minor	Amount

The fiduciary requests that the Court approve the application and authorize the fiduciary to execute a (complete) (partial) release which upon payment of the settlement shall be a (complete) (partial) discharge of the claim.

\_\_\_\_\_  
Attorney for Fiduciary

\_\_\_\_\_  
Fiduciary

Attorney Registration No. \_\_\_\_\_

**ENTRY SETTING HEARING AND ORDERING NOTICE**

The Court sets \_\_\_\_\_ at \_\_\_\_\_ o'clock \_\_\_\_\_.m. as the date and time for hearing the above application and orders notice to be given by the fiduciary, as provided in the Rules of Civil Procedure, to the wrongful death and survival claim beneficiaries who have not waived notice.

\_\_\_\_\_  
Christopher J. Brown, Probate Judge

**PROBATE COURT OF MADISON COUNTY, OHIO**

ESTATE OF \_\_\_\_\_, DECEASED

CASE NO. \_\_\_\_\_

**WAIVER AND CONSENT  
WRONGFUL DEATH AND SURVIVAL CLAIMS**

The undersigned waive notice of the hearing and consent to and approve the settlement and distribution as set forth in Form 14.0, Application to Approve Settlement and Distribution of Wrongful Death and Survival Claims, a copy of which I have received.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**PROBATE COURT OF MADISON COUNTY, OHIO**  
**CHRISTOPHER J. BROWN, JUDGE**

ESTATE OF \_\_\_\_\_, DECEASED

CASE NO. \_\_\_\_\_

**ENTRY APPROVING SETTLEMENT AND DISTRIBUTION OF  
WRONGFUL DEATH AND SURVIVAL CLAIMS**

Upon hearing the application to approve settlement and distribution of the wrongful death and survival claims, the Court:

- Approves the proffered settlement of \$ \_\_\_\_\_.
- Orders payment of \$ \_\_\_\_\_ to be applied to decedent's funeral and burial expenses.
- Orders payment of \$ \_\_\_\_\_ to the fiduciary for services rendered with respect to the wrongful death and survival claims.
- Orders payment of \$ \_\_\_\_\_ to the attorney for reimbursement of case expenses and \$ \_\_\_\_\_ for attorney fees for services rendered with respect to the wrongful death and survival claims.
- Orders that the net proceeds of \$ \_\_\_\_\_ be allocated \$ \_\_\_\_\_ to the wrongful death claim and \$ \_\_\_\_\_ to the survival claim. The amount allocated to the survival claim shall be considered an asset of the estate and shall be reflected in the fiduciary's account of the administration of the estate.
- Finds all of the beneficiaries of the wrongful death claim are on an equal degree of consanguinity, are adults, and have agreed how the net proceeds allocated to the wrongful death claim are to be distributed.
- Orders distribution of the net proceeds allocated to the wrongful death claim to the surviving spouse, children, parents, and other next of kin, in the equitable shares shown below, fixed by the Court having due regard for the injury and loss to each beneficiary resulting from the death and for the age and condition of the beneficiaries.

Name	Residence Address	Relationship to Decedent	Birthdate of Minor	Amount

[Reverse of Form 14.2]

Orders that the share of:

\_\_\_\_\_ a minor(s) be deposited pursuant to R.C. 2111.05.

\_\_\_\_\_ a minor(s) be paid to the guardian of the estate of such minor.

\_\_\_\_\_ a child(ren) be deposited in a trust for the benefit of the child(ren) until twenty-five years of age.

Authorizes the fiduciary to execute a release which, upon payment, shall be a discharge of the claim.

Orders the fiduciary and the attorney to report the distribution of the proceeds within thirty days of the date of this Entry.

Further orders \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved:

\_\_\_\_\_  
Attorney for Fiduciary

\_\_\_\_\_  
Probate Judge

Attorney Registration No. \_\_\_\_\_

\_\_\_\_\_  
Date

PROBATE COURT OF MADISON COUNTY, OHIO

ESTATE OF \_\_\_\_\_, DECEASED

CASE NO. \_\_\_\_\_

REPORT OF DISTRIBUTION OF WRONGFUL DEATH AND SURVIVAL CLAIMS

Pursuant to Entry filed \_\_\_\_\_, \_\_\_\_\_, the proceeds have been paid as shown below and on the accompanying vouchers.

Table with columns for item description, dollar amount, and balance. Rows include Gross Proceeds, Funeral and burial expenses, Fiduciary fees, Reimbursement of case expenses, Attorney fees, Survival claim, Total Deductions, Net Proceeds, Net proceeds to beneficiaries (To:), Total payments to beneficiaries, and Balance.

- Two checkboxes: 'The fiduciary states that there are no other assets remaining in the estate.' and 'The fiduciary states that there are assets remaining in the estate.'

Attorney for Fiduciary \_\_\_\_\_ Fiduciary \_\_\_\_\_

Attorney Registration No. \_\_\_\_\_

(Reverse of Form 14.3)

**ENTRY**

The above report of the distribution of the proceeds is hereby approved.

There being no further assets to administer, the fiduciary and surety, if any, are discharged.

\_\_\_\_\_  
Date

\_\_\_\_\_  
PROBATE JUDGE