

**COMMON PLEAS COURT, PROBATE DIVISION,
CLERMONT COUNTY, OHIO**

IN THE MATTER OF THE ESTATE OF _____ DECEASED

CASE NO. _____

SCHEDULE OF CLAIMS

The fiduciary says that to his knowledge this schedule lists all claims against decedent or his estate. Such claims are recapitulated as follows:

Claims allowed \$ _____
Claims rejected, contingent, or in suit..... \$ _____
Total..... \$ _____

Fiduciary

[Under "Footnotes" opposite an item requiring explanation, place the number of the appropriate footnote. Such notes should be included at the end to explain: any security for claims; claims satisfied all or in part by repossession, foreclosure or other disposition pursuant to enforcement of a security interest; maturity dates of claims not due; contingent claims; claims in suit; and dates of rejection of rejected claims]

Payment Class (1) Costs and expenses of administration.

<u>Name and Address of Claimant</u>	<u>Account Number</u>	<u>Amount Claimed</u>	<u>Footnote</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Payment Class (2) Funeral Expenses. An amount, not exceeding Four Thousand Dollars, for funeral expenses that are included on the bill of a funeral director, funeral expenses other than those on the bill of a funeral director that are approved by the Probate Court.

<u>Name and Address of Claimant</u>	<u>Account Number</u>	<u>Amount Claimed</u>	<u>Footnotes</u>
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Payment Class (2) Burial and Cemetery Expenses. An amount, not exceeding Three Thousand dollars for burial and cemetery expenses, including that portion of the funeral director's bill allocated to cemetery expenses that have been paid to the cemetery by the funeral director.

<u>Name and Address of Claimant</u>	<u>Account Number</u>	<u>Amount Claimed</u>	<u>Footnote</u>
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Payment Class (3) The allowance for support made to the surviving spouse, minor children, or both under Section 2106.13 of the Revised Code.

<u>Name and Address of Claimant</u>	<u>Account Number</u>	<u>Amount Claimed</u>	<u>Footnote</u>
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Payment Class (4) Debts entitled to a preference under the laws of the United States.

<u>Name and Address of Claimant</u>	<u>Account Number</u>	<u>Amount Claimed</u>	<u>Footnote</u>
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Payment Class (5) Expenses of the last sickness of the decedent.

<u>Name and Address of Claimant</u>	<u>Account Number</u>	<u>Amount Claimed</u>	<u>Footnote</u>
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Payment Class (6) If the total bill of the funeral director for funeral expenses exceeds Four Thousand Dollars, then, in addition to the amount described in (2), an amount, not exceeding Two Thousand Dollars, for funeral expenses that are included in the bill and that exceed Four Thousand Dollars.

<u>Name and Address of Claimant</u>	<u>Account Number</u>	<u>Amount Claimed</u>	<u>Footnote</u>
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Payment Class (7) (Effective For Date of Death 9-29-2011 or After) Expenses of the decedent's last continuous stay in a nursing home as defined in section 3721.01 of the Revised Code, residential facility as defined in section 5123.19 of the Revised Code, or hospital long-term care unit as defined in section 3721.50 of the Revised Code.

For purposes of division (A)(7) of this section, a decedent's last continuance stay includes up to thirty consecutive days during which the decedent was temporarily absent from the nursing home, residential facility, or hospital long-term care unit.

<u>Name and Address of Claimant</u>	<u>Account Number</u>	<u>Amount Claimed</u>	<u>Footnote</u>
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Payment Class (8) Personal property taxes, claims made under the estate recovery program instituted pursuant to Section 5111.11 of the Revised Code, and obligations for which the decedent was personally liable to the state or any of its subdivisions.

<u>Name and Address of Claimant</u>	<u>Account Number</u>	<u>Amount Claimed</u>	<u>Footnote</u>
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Payment Class (9) Debts for manual labor performed for the decedent within twelve months preceding the decedent's death, not exceeding Three Hundred Dollars to any one person.

<u>Name and Address of Claimant</u>	<u>Account Number</u>	<u>Amount Claimed</u>	<u>Footnote</u>
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Payment Class (10) Other debts for which claims have been presented and finally allowed.

<u>Name and Address of Claimant</u>	<u>Account Number</u>	<u>Amount Claimed</u>	<u>Footnote</u>
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FOOTNOTES