

**PROBATE COURT OF CLERMONT COUNTY, OHIO  
JAMES A. SHRIVER, JUDGE**

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

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

**CONSENT TO PAYMENT OF ATTORNEY FEES**

[This form to be used in a decedent's estate when the requested attorney fees are within the Court's guideline fee]

The undersigned, being a residuary beneficiary or other interested person in the above captioned estate, hereby consents to the payment of attorney fees in the amount of \$\_\_\_\_\_ and costs in the amount of \$\_\_\_\_\_

In signing this consent, the undersigned hereby acknowledges:

- (1) The receipt of the attorney's fee statement with a description of services rendered to the estate.
- (2) The fee charged is within the Court's guideline and that said guideline fee has not been represented as a schedule of a minimum or a maximum fee to be charged.
- (3) The Court need not make an independent determination that said services were reasonable, necessary and beneficial to the estate.

\_\_\_\_\_