## PROBATE COURT OF FRANKLIN COUNTY, OHIO JEFFREY D. MACKEY, JUDGE

| ESTATE OF | , DECEASED |
|-----------|------------|
|           | ,          |
| CASE NO   |            |

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

| WRONGFUL DEATH AND SURVIVAL CLAIMS [R.C.2117.05, 2125.02, 2125.03, 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 the case   |  |  |  |  |  |  |
|  | number being   |  |  |  |  |  |  |
|  | A judgment has been recovered for damages for 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 \$   |  |  |  |  |  |  |
|  | This 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's 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 o   |  |  |  |  |  |  |
|  | \$ and an itemization of such is attached.   |  |  |  |  |  |  |
|  | A reasonable attorney fees 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 this Court, subject to modification, and an itemization of 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 an 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 an 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 distribute |  |                                       |                                 |        |  |  |
|      | The surviving spouse, children and parents of the decedent and other next of kin who have suffered damages   |  |                                       |                                 |        |  |  |
|      | by reason of the w   | rongful death are as follows a   | nd the distribution should be a       | as follows:                     |        |  |  |
|      | Name   | Residence<br>Address   | Relationship<br>to Decedent           | Birthdate<br>of Minor           | Amount |  |  |
|      | The survival claim   | beneficiaries are as follows:  Residence Address                               | Relationship<br>to Decedent           | Birthdate<br>of Minor           | Amount |  |  |
| (pa  | artial) release which  | that the Court approve the ap<br>upon payment of the settleme                  |                                       |                                 |        |  |  |
| Atto | orney for Fiduciary  |  | Fiduciary                             |                                 |        |  |  |
| Atto | orney Registration No.   |  | _                                     |                                 |        |  |  |
| an   | e Court sets<br>d time for hearing the   | TRY SETTING HEAR  ne above application and order wrongful death and survival c | at<br>rs notice to be given by the fi | o'clockl<br>duciary, as provide |        |  |  |
|      |  |  |                                       |                                 |        |  |  |

**Jeffrey D. Mackey** Probate Judge