IN THE COURT OF COMMON PLEAS OF FAIRFIELD COUNTY, OHIO
PROBATE DIVISION
TERRE L. VANDERVOORT, JUDGE

ESTATE OF _____ **, DECEASED**

CASE NO. _____

REPRESENTATION OF SUMMARY INSOLVENCY
[Local Rule 62.2]

The period for creditors to present claims in this estate has expired. The fiduciary represents to the Court that this estate appears to be insolvent.

The Inventory and Schedule of Assets have been filed and approved. The fiduciary states that the estate assets have been liquidated, to the extent necessary.

An Insolvency Schedule of Claims (Supreme Court Forms 24.4 and 24.5) is attached, showing all of the claims presented to the fiduciary in a timely manner or secured by estate assets. Each claim is properly classified and listed in the order of priority stated in R.C. §2117.25. Administrative expense claims for attorney fees and fiduciary fees comply with Local Rule 62.2(B). An application for attorney fees and the statutory fiduciary fee computation accompany this filing, or have been approved by the Court in advance. The fiduciary states that there are no known contingent claims.

The estate assets and claims are summarized as follows:

Total value of probate assets: $_____

Total value of claims: $_____

The Fiduciary states the total of all claims properly classified under R.C. §2117.25 (A)(1) through (A)(3) exceeds the total value of probate assets, as shown on the Insolvency Schedule of Claims. There are no probate assets available to satisfy any lower priority claims.

The fiduciary requests the Court determine that the estate is insolvent and order the payment of the claims in the order of priority to the extent of the probate assets. Pursuant to Local Rule 62.2, the fiduciary further requests the Court make this determination summarily without prior notice or hearing.

_____	_____
Attorney for Fiduciary	Fiduciary's Signature
_____	_____
Typed or Printed Name	Typed or Printed Name
_____	_____
Street Address	Street Address
_____	_____
City State Zip	City State Zip
_____	_____
Telephone Number (include area code)	Telephone Number (include area code)
Attorney Registration No. _____	

FC FORM 62.2-A