## PROBATE COURT OF ALLEN COUNTY, OHIO TODD E. KOHLRIESER, JUDGE

ESTATE OF		, DECEASED
CASE NO		
NOTICE OF WRO	NGFUL DEATH . 2125.02(B)]	CLAIM
[For dates of deat	h on or after April 4, 2	023]
Now comes(nam		
(nam	ne of claimant)	
the (relationship to deced	dent)	of the decedent described
below:		
Decedent's Full Name:		
First	Middle	Last
AKA:		
First	Middle	Last
Decedent's Date of Death:	<del></del>	
□ Proof of death (e.g., a copy of	the decedent's death co	ertificate) is attached.
Decedent's Social Security Number (if kr	nown):	
Decedent's County of Residence at Time	e of Death: □ Allen Cou	inty □ Other:
Note: A decedent's probate estate is resided. Please ensure you are filing filed in the wrong county may not be e	this notice in the pr	
[Check whichever applies] At the time of filing,	I am [ ] at least 18 yea	ars old [ ] less than 18 years old,
and my date of birth is		
I hereby notify all interested parties that I have s death.	suffered damages as a	result of the decedent's wrongful

In signing this form, I acknowledge that because I am not a surviving spouse, parent, or child of the decedent, I must prove my damages. I understand that my claim may only be pursued if an estate is opened and a fiduciary is appointed.

I can be reached using the contact information provided below. I understand that it is my responsibility to keep my contact information up-to-date.

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