

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

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

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

**VERIFICATION OF FIDUCIARY**

[R.C. 2125.02(B); Sup.R. 70(B)]

**[For dates of death on or after April 4, 2023]**

I, the undersigned fiduciary of this estate, hereby verify that I have reviewed the docket of this Court for any Notices of Wrongful Death Claim, Form 14.4 filed by other next of kin of the decedent, who died on

\_\_\_\_\_.

(Date of Death)

**[Check the boxes that apply:]**

- ☐ None of the decedent's other next of kin has filed a Notice of Wrongful Death Claim.
- ☐ More than two years have passed since the decedent's date of death.
- ☐ At least one of the decedent's other next of kin has filed a Notice of Wrongful Death Claim within two years of the decedent's date of death:

Name of Claimant	Relationship to Decedent

Address of Record

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Address of Record

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Address of Record

**[Attach additional pages if necessary.]**

I understand that the above named claimant(s) must receive or waive service of notice of a hearing on any Application to approve a wrongful death settlement, regardless of the date it was filed.

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Date

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Fiduciary

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Attorney for Fiduciary

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Attorney Registration No.