

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

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

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

**NOTICE OF WRONGFUL DEATH CLAIM**

[R.C. 2125.02(B)]

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

Now comes \_\_\_\_\_ the \_\_\_\_\_ of the decedent  
(name of claimant) (relationship to decedent)

described below:

Decedent's Full Name: (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

A.K.A.: (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

Decedent's Date of Death: \_\_\_\_\_

Decedent's Death Certificate and/or obituary are attached.

Decedent's Social Security Number (if known): XXX-XX-\_\_\_\_\_

Decedent's County of Residence at Time of Death: \_\_\_\_\_

**Note: A decedent's probate estate is typically opened in the county where the decedent resided. Please ensure you are filing this notice in the proper county of residence. A Notice of Claim filed in the wrong county may not be effective.**

I hereby notify all interested parties that I have suffered damages as a result of the decedent's wrongful death. By 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.