

PROBATE COURT OF _____ COUNTY, OHIO
_____, JUDGE

ESTATE OF _____, DECEASED

CASE NO. _____

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

[R.C. 2117.05, 2125.02, 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 case number being _____.
- A judgment has been recovered for damages for the 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 \$_____.
- There 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 for 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 of \$_____ and an itemization of such is attached.
- A reasonable attorney fee 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 the Court, subject to modification, and itemization of the 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.

**FORM 14.0 – APPLICATION TO APPROVE SETTLEMENT AND DISTRIBUTION OF
WRONGFUL DEATH AND SURVIVAL CLAIMS**

Amended: January 1, 2015
Discard all previous versions of this form

CASE NO. _____

- A statement in support of the proffered settlement is attached.
- The Verification of Fiduciary form required by Local Rule 70.1 is attached.
- All of the beneficiaries of the wrongful death action are on 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 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 distributed.
- The surviving spouse, children, and parents of the decedent and the other next of kin who have suffered damages by reason of the wrongful death are as follows and the distribution should be as follows:

Name	Residence Address	Relationship to Decedent	Birthdate of Minor	Amount

- The survival claim beneficiaries are as follows:

Name	Residence Address	Relationship to Decedent	Birthdate of Minor	Amount

The fiduciary requests that the Court approve the application and authorize the fiduciary to execute a (complete) (partial) release which upon payment of the settlement shall be a (complete) (partial) discharge of the claim.

Attorney for Fiduciary

Fiduciary

Attorney Registration No. _____

ENTRY SETTING HEARING AND ORDERING NOTICE

The Court sets _____ at _____ o'clock _____.m. as the date and time for hearing the above application and orders notice to be given by the fiduciary, as provided in the Rules of Civil Procedure, to the wrongful death and survival claim beneficiaries who have not waived notice.

_____, Probate Judge

**PROBATE COURT OF WOOD COUNTY, OHIO
DAVID E. WOESSNER, 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 case for any Notices of Wrongful Death Claim (Wood County Form 14.B) 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

Name of Claimant Relationship to Decedent

Address of Record

Name of Claimant Relationship to Decedent

Address of Record

[Attach additional pages if necessary.]

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

Date

Fiduciary

Attorney for Fiduciary

Attorney Registration No.