PROBATE COURT OF STARK COUNTY, OHIO

CURT WERREN, JUDGE

ESTATE OF _____, DECEASED

CASE NO. _____

CONSENT TO PAYMENT OF ESTATE ATTORNEY FEES

[Loc.R. 71.2]

I am a fiduciary or beneficiary of this estate. I consent to the payment of attorney fees in the amount of $_____ and costs in the amount of $_____ to be paid to _____.

(Attorney or Law Firm Name)

Prior to signing this Consent, I acknowledge all of the following are true:

- I have been advised that all attorney fees taken in an estate must be reasonable, necessary, and beneficial to the estate.
- I have received an itemized billing statement that includes the identity of each biller, the hourly rate of each biller, and a description and amount of time spent on each task performed in this matter.
- It has been explained to me that the Court has a guideline fee, which is a fee based on the value of the estate's assets, that can be used for a determination of ordinary fees. The guideline has not been represented to me as a schedule of minimum or maximum fees to be charged. I understand the guideline calculation of fees is $_____ in this matter.
- I have been given the opportunity to ask questions and review the attorney's retainer agreement.
- I understand by signing this Consent form, I waive any requirement for application by the attorney and approval by the Court for the above-listed fees in this estate, and I am not asking the Court to make an independent inquiry concerning the attorney fees in this matter.

_____
Signature

_____
Printed Name