

**PROBATE COURT OF STARK COUNTY, OHIO
CURT WERREN, JUDGE**

ESTATE OF _____, DECEASED

CASE NO. _____

**CONTINUATION
INSOLVENCY SCHEDULE OF CLAIMS
[R.C. 2117.15, 2117.17, 2117.25]**

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[Note: Include a subtotal following each payment class and a grand total for all payment classes.]

Name and Address of Claimant	Payment Class	Amount Claimed	Estimated Payment	Claim Rejected: Y/N
1.	(1)			

Comments (Refer to Claim Number) _____

Fiduciary