PROPOSAL FOR WRONGFUL DEATH SETTLEMENT

CASE NO.			
Decedent's Name:			Age
Attorney's Name (Plaintif	f):		
Attorney's Name (Tortfea	sor):		
Is settlement final as to all	defendants?		
Was Suit filed?	Court:	Case #:	
Nature of Claims:			
		Expenses	
Offer of Settlement	\$	Last Illness	\$
Structured?		Conscious Pain Sufferi	ng \$
Present Value	\$	Funeral Expenses	\$
Best rating of annuity und	erwriter	Attorney Fee ((%)\$
		Attorney Expenses	\$
		Net for Distribution	\$
	Consensual Dist	ribution	
Name	<u>Relationship</u>	Age	Amount
			\$
			_ \$
			_ \$
			_ \$
			_ \$
(Total from Continuation	of Consensual Distribution \$ _) Total Distribut	ted \$
Date		Judge Jack R. Puffenberge	r
[Details of Structure on]	Reverse Side]		

CASE NO.

Continuation of Consensual Distribution

Name	Relationship	Age	Amount
			\$
			\$
			\$
			\$
			\$
	Total of Continuat	ion of Consensual I	Distribution \$
	Details of Strue	cture	

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, and incorporate all attachments into a single statement.]

There is an offer of \Box full settlement \Box partial settlement without suit being filed.
There is an offer of \Box full settlement \Box 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 \Box has \Box has not received prior approval of the Court, subject to
modification, and itemization of the case expenses are attached.
Other:
The net proceeds of \$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

CASE NO. _____

- □ A statement in support of the proffered settlement is attached.
- □ Supplemental forms required by local rule of court are 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
-	quests that the Court appro lease			
•	ischarge □ partial discha			u
Attorney for Fide	uciary		duciary	
Attorney Registi	ration No.			
	ENTRY SETTING H	IEARING AND ORDER	ING NOTICE	
The Court sets		at	o'clock	.m. as the date
and time for hea	aring the above application rocedure, to the wrongful d	and orders notice to be g	iven by the fiduciary, a	s provided in the
		Jack	R. Puffenberger, Prol	pate Judge

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

ESTATE OF	
CASE NO.	

WAIVER AND CONSENT WRONGFUL DEATH AND SURVIVAL CLAIMS

, DECEASED

The undersigned waive notice of the hearing and consent to and approve the settlement and distribution as set forth in Form 14.0, Application to Approve Settlement and Distribution of Wrongful Death and Survival Claims, a copy of which I have received.



ESTATE OF	, DECEASED
CASE NO.	

ENTRY APPROVING SETTLEMENT AND DISTRIBUTION OF WRONGFUL DEATH AND SURVIVAL CLAIMS

Upon hearing the application to approve settlement and distribution of the wrongful death and survival claims, the Court:

	Approves the proffered settlement of	\$	_·	
	Orders payment of \$	to be applied to deceden	t's funeral and bu	rial expenses.
	Orders payment of \$ wrongful death and survival claims.	to the fiduciary for serv	vices rendered wit	h respect to the
	 Orders payment of \$f \$f and survival claims. 	to the attorney for reir for attorney fees for services rendered v	mbursement of cas with respect to the	se expenses and wrongful death
	□ Orders that the net proceeds of \$ wrongful death claim and \$ survival claim shall be considered an administration of the estate.	be allocated, \$to the survival characteristic asset of the estate and shall be reflected	aim. The amount d in the fiduciary'	to the allocated to the s account of the
		rongful death claim are on an equal deg s allocated to the wrongful death claim a	•	•
	parents and other next of kin, in the	Is allocated to the wrongful death claim equitable shares shown below, fixed b ciary resulting from the death and fo	y the Court having	g due regard for
Na	Name Residenc Address	1	Birthdate of Minor	Amount

 CASE NO.

 Orders that the share of:

 Image: I

Orders the fiduciary and the attorney to report the distribution of the proceeds within thirty days of the date of this Entry.

Further orders:

Approved:

Attorney for Fiduciary

Judge Jack R. Puffenberger

Attorney Registration No.

Date



ESTATE OF	,	, DECEASED
CASE NO.		

REPORT OF DISTRIBUTION OF WRONGFUL DEATH AND SURVIVAL CLAIMS

Pursuant to Entry filed,	20 the proceeds have	been paid as shown below
and on the accompanying vouchers.		-
Gross Proceeds		\$
Funeral and burial expenses	\$	
Fiduciary fees to	\$	
Reimbursement of case expenses		
То	\$	
Attorney fees to	\$	
Survival claim to the estate	\$	
Total Deductions	\$	
Net Proceeds		\$
Net Proceeds to Beneficiaries:		
To:	\$	
То:	\$	
To:	\$	
То:	\$	
То:	Ψ	
To:	⊅	
To:	<u>\$</u>	
Total Payments to Beneficiaries		\$
	Balance	\$
\Box The fiduciary states that there are no other ass	ets remaining in the estate.	
\Box The fiduciary states that there are assets remai	ning in the estate.	

Attorney for Fiduciary

Attorney Registration No.

Fiduciary

ENTRY

The above report of distribution of the proceeds is hereby approved.

 \Box There being no further assets to administer, the fiduciary and surety, if any, are discharged.

Date

Judge Jack R. Puffenberger