

**TRUMBULL COUNTY PROBATE COURT  
WRONGFUL DEATH CHECKLIST  
ASBESTOS RELATED CASES**

- Application to Enter into Contingent Fee Agreement (App. D), including copy of fee agreement, if not previously filed
- Application to Approve Settlement and Distribution of Wrongful Death and Survival Claims (SPF 14.0), including application number if applicable
- Waiver and Consent – Wrongful Death and Survival Claims (SPF 14.1)
- Statement of Subrogation Claims. Include documentation concerning all subrogation claims and/or waivers or settlement of claims.
- Narrative statement in support of settlement, including:
  - Dates and facts of exposure, nature of illness, and cause of death
  - Proposed settlement to be received. Where funds are to be paid from different sources, a chart setting forth the name of the defendant, the gross amount received, the amount of attorney fees, the amount of expenses, and net proceeds.
  - Proposed allocation between wrongful death and survival claims
  - Amounts of any funeral, burial, and last illness expenses made part of settlement
  - Proposed distribution of proceeds
  - Timeline concerning any expected future settlements and need for estate to remain open
  - Current location of settlement funds and expected date for release of funds
- Identity of all litigation counsel and any fee-split agreements, including percentages (Prof.Cond.R 1.5(e))
- Itemized statement of litigation expenses, including receipts, vouchers, and/or other supporting documentation (Loc.R. 57.10)
- Proposed Entry Approving Settlement and Distribution of Wrongful Death and Survival Claims (SPF 14.2), including application number if applicable
- Filing fee of \$71.00
- Report of Distribution of Wrongful Death and Survival Claims (SPF 14.3), including application number, if applicable, to be filed with vouchers after settlement has been distributed

**Please review documents to ensure all correct boxes are checked and for mathematical errors and consistency of figures.**

**\*\*The Probate Court accepts payment by cash, check, and money order only. The Court does not accept payment by debit or credit cards.\*\***

**TRUMBULL COUNTY PROBATE COURT  
WRONGFUL DEATH CHECKLIST  
NON-ASBESTOS RELATED CASES**

- Application to Enter into Contingent Fee Agreement (App. D), including copy of fee agreement, if not previously filed
- Application to Approve Settlement and Distribution of Wrongful Death and Survival Claims (SPF 14.0)
- Waiver and Consent – Wrongful Death and Survival Claims (SPF 14.1)
- Statement of Subrogation Claims. Include documentation concerning all subrogation claims and/or waivers or settlement of claims.
- Narrative statement in support of settlement, including:
  - Relevant biographic information
  - Circumstances of occurrence causing death, including:
    - cause, nature, and extent of injuries
    - conscious pain and suffering
    - diagnosis and treatment received, if any
    - accident/police report, if any
  - Identification of all insurance coverage and policy limits
  - Terms of proposed settlement, including:
    - Amounts of proposed settlement, allocation, and distributions to beneficiaries
    - Whether settlement is full or partial settlement
    - Any funeral, burial, and last illness expenses
    - Identity of all parties to the settlement
    - Any other proposed or actual litigation or settlements resulting from same occurrence
    - Where funds are to be paid from different sources, a chart setting forth the names of the defendants, the gross amount received, the amount of attorney fees, the amount of expenses, and net proceeds
    - Where a structured settlement is proposed, supporting documentation, present-day value, rating of annuity company, rate of return, and language concerning non-assignability of annuity

- Current location of settlement funds and expected date for release of funds
- Settlement Statement
- Identity of all litigation counsel and any fee-split agreements, including percentages (Prof.Cond.R 1.5(e))
- Itemized statement of litigation expenses, including receipts, vouchers, and/or other supporting documentation (Loc.R. 57.10)
- Copy of proposed release
- Proposed Entry Approving Settlement and Distribution of Wrongful Death and Survival Claims (SPF 14.2)
- Filing fee of \$71.00
- Report of Distribution of Wrongful Death and Survival Claims (SPF 14.3) to be filed with vouchers after settlement has been distributed

**Please review documents to ensure all correct boxes are checked and for mathematical errors and consistency of figures.**

**PROBATE COURT OF TRUMBULL COUNTY, OHIO**  
**JAMES A. FREDERICKA, 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.

**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:

<b>Name</b>	<b>Residence Address</b>	<b>Relationship to Decedent</b>	<b>Birthdate of Minor</b>	<b>Amount</b>

- The survival claim beneficiaries are as follows:

<b>Name</b>	<b>Residence Address</b>	<b>Relationship to Decedent</b>	<b>Birthdate of Minor</b>	<b>Amount</b>

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 TRUMBULL COUNTY, OHIO  
JAMES A. FREDERICKA, JUDGE**

**ESTATE OF \_\_\_\_\_, DECEASED**  
**CASE NO. \_\_\_\_\_**

**WAIVER AND CONSENT  
WRONGFUL DEATH AND SURVIVAL CLAIMS**

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.


**PROBATE COURT OF TRUMBULL COUNTY, OHIO  
JAMES A. FREDERICKA, JUDGE**

**IN THE MATTER OF:** \_\_\_\_\_

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

**APPLICATION TO ENTER INTO CONTINGENT FEE CONTRACT**

The undersigned applies to the Court for authority to enter into the contingent fee contract, attached as Exhibit A, with:

Attorney: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

The undersigned represents that legal services are necessary as a result of the following described matter:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned further represents that no fees will be paid until reviewed by the Court and allowed by judgment entry.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Fiduciary

\_\_\_\_\_  
Typed or Printed Name

**PROBATE COURT OF TRUMBULL COUNTY, OHIO  
JAMES A. FREDERICKA, JUDGE**

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 decedent's funeral and burial expenses.
- Orders payment of \$ \_\_\_\_\_ to the fiduciary for services rendered with respect to the wrongful death and survival claims.
- Orders payment of \$ \_\_\_\_\_ to the attorney for reimbursement of case expenses and \$ \_\_\_\_\_ for attorney fees for services rendered with respect to the wrongful death and survival claims.
- Orders that the net proceeds of \$ \_\_\_\_\_ be allocated \$ \_\_\_\_\_ to the wrongful death claim and \$ \_\_\_\_\_ to the survival claim. The amount allocated to the survival claim shall be considered an asset of the estate and shall be reflected in the fiduciary's account of the administration of the estate.
- Finds all of the beneficiaries of the wrongful death claim are on an equal degree of consanguinity, are adults, and have agreed how the net proceeds allocated to the wrongful death claim are to be distributed.
- Orders distribution of the net proceeds allocated to the wrongful death claim to the surviving spouse, children, parents, and other next of kin, in the equitable shares shown below, fixed by the Court having due regard for the injury and loss to each beneficiary resulting from the death and for the age and condition of the beneficiaries.

Name	Residence Address	Relationship to Decedent	Birthdate of Minor	Amount



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

[Reverse of Form 14.2]

Orders that the share of:

\_\_\_\_\_ a minor(s) be deposited pursuant to R.C. 2111.05.

\_\_\_\_\_ a minor(s) be paid to the guardian of the estate of such minor.

\_\_\_\_\_ a child(ren) be deposited in a trust for the benefit of the child(ren) until twenty-five years of age.

Authorizes the fiduciary to execute a release which, upon payment, shall be a discharge of the claim.

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

\_\_\_\_\_  
Probate Judge

Attorney Registration No. \_\_\_\_\_

\_\_\_\_\_  
Date

**PROBATE COURT OF TRUMBULL COUNTY, OHIO**

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

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

**REPORT OF DISTRIBUTION OF  
WRONGFUL DEATH AND SURVIVAL CLAIMS**

Pursuant to Entry filed \_\_\_\_\_, \_\_\_\_\_, 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 to  
\_\_\_\_\_ \$ \_\_\_\_\_

Attorney fees to \_\_\_\_\_ \$ \_\_\_\_\_

Survival claim to the estate \$ \_\_\_\_\_

Total Deductions \$ \_\_\_\_\_

Net Proceeds \$ \_\_\_\_\_

Net proceeds to beneficiaries:

To: \_\_\_\_\_ \$ \_\_\_\_\_

To: \_\_\_\_\_ \$ \_\_\_\_\_

To: \_\_\_\_\_ \$ \_\_\_\_\_

To: \_\_\_\_\_ \$ \_\_\_\_\_

To: \_\_\_\_\_ \$ \_\_\_\_\_

To: \_\_\_\_\_ \$ \_\_\_\_\_

To: \_\_\_\_\_ \$ \_\_\_\_\_

Total payments to beneficiaries \$ \_\_\_\_\_

Balance -0-

The fiduciary states that there are no other assets remaining in the estate.

The fiduciary states that there are assets remaining in the estate.

\_\_\_\_\_  
Attorney for Fiduciary

\_\_\_\_\_  
Fiduciary

Attorney Registration No. \_\_\_\_\_

**ENTRY**

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
JAMES A. FREDERICKA  
PROBATE JUDGE

**PROBATE COURT OF TRUMBULL COUNTY, OHIO  
JAMES A. FREDERICKA, JUDGE**

**IN THE MATTER OF** \_\_\_\_\_

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

**STATEMENT OF SUBROGATION CLAIMS**

Upon investigation by reasonable diligence, the undersigned states that:

- There are no potential subrogation claims against the proposed settlement.
- Subrogation claims exist and have been settled prior to Application.
- Subrogation claims exist and will be paid out of the proposed settlement. To be set forth in the Application.
- The status of potential subrogation claims cannot be determined at this time. The undersigned will provide written status reports concerning the status of potential subrogation claims with the Court every ninety (90) days until such determination has been made.

\_\_\_\_\_  
Attorney for Fiduciary

\_\_\_\_\_  
Fiduciary

Attorney Registration No. \_\_\_\_\_

**PROBATE COURT OF TRUMBULL COUNTY, OHIO  
JAMES A. FREDERICKA, JUDGE**

**IN THE MATTER OF** \_\_\_\_\_  
**CASE NO.** \_\_\_\_\_

**NOTICE OF LITIGATION**

The undersigned represents to the Court that this matter is involved in litigation, being:

Case No.: \_\_\_\_\_

Name of Court: \_\_\_\_\_

Style of Case: \_\_\_\_\_

Nature of Case: \_\_\_\_\_

Name of Judge: \_\_\_\_\_

wherein the estate is  Plaintiff  Defendant, was filed on \_\_\_\_\_. Estate litigation counsel is:

Name: \_\_\_\_\_ Ohio Supreme Court No. \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Facsimile No.: \_\_\_\_\_

Email: \_\_\_\_\_

The undersigned further represents that the Court will be notified within 30 days of the conclusion of the litigation, including Civ.R.41 dismissals, and that a Status of Litigation Report will be filed yearly.

\_\_\_\_\_  
Attorney Signature

\_\_\_\_\_  
Typed or Printed Name      Ohio Supreme Ct. No.

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Fiduciary Signature

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone No.

