

IV. ADDITIONAL DISCLOSURES	<p>Based upon the nature of the claim/litigation under this estate, the case is subject to the special disclosure Rules of the Court (Loc. R. 70.5 and/or 70.6). The Fiduciary and the Attorney of Record therefore report the following additional information:</p> <p><input type="checkbox"/> The Federal Tax Identification Number for this estate is : _____.</p> <p><input type="checkbox"/> A wholly restricted, interest bearing account has been opened in the name of the estate and "<i>f.b.o. Wrongful Death/Survival Beneficiaries</i>," with _____ on _____.</p> <p style="text-align: center;">(Name of Financial institution) (Date)</p> <p>No. _____.</p> <p style="text-align: center;">(Account Number)</p> <p><input type="checkbox"/> All of the monies <i>received</i> under partial settlement(s) approved by the Court <input type="checkbox"/> have/<input type="checkbox"/> have <u>not</u> been deposited as required by the Local Rules of Court since the filing of the estate's last <i>Report</i>. (If not, attach a supplemental explanation. That explanation must distinguish between those defendants who have settled and paid, and those who have settled but not paid the agreed settlement monies.)</p> <p><input type="checkbox"/> All previous filings and entries under prior, partial settlements and/or distributions of the proceeds of the estate's claims <input type="checkbox"/> have/<input type="checkbox"/> have <u>not</u> been fully corrected and amended, if necessary. (If not, attach a supplemental explanation.)</p>
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V. COMMENTS	<p>Comments/explanations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Attorney of Record:

Applicant/Fiduciary:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

John S. Jones  
Typed Name

G full name  
Typed Name/Title

1234 A Street  
Current Address (No P.O. Boxes)

1234 G Street  
Current Address (No P.O. Boxes)

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City, State, Zip Code

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A reg #1234  
Ohio Supreme Court Registration Number