

PROBATE COURT OF WHATEVER COUNTY, OHIO

Additional room here for extra long name

ESTATE OF Full name of decedent, DECEASED

CASE NO. D case number

ATTORNEY'S CERTIFICATE

I hereby certify that:

1. This Account complies in all respects with Revised Code Section 2109.30; C.P. Sup. R. 32 and C.L.R. 32.2.
2. Each credit, disbursement or distribution declared in the attached Account is supported by a voucher, cancelled check or receipted bill signed or indicated "paid" by the creditor.
3. The fiduciary fee is according to statute and the attorney fee:
(check applicable)
 - complies with C.L.R. 40.1 (A).
 - complies with C.L.R. 40.1 (B).
 - complies with C.L.R. 40.1 (C).
 - has been approved by Court Order dated _____
4. An Ohio Estate Tax Return was filed on _____ day of _____, _____, and the tax, if any is due, is paid in full.
5. A copy of this Account has been or will be delivered or mailed to all distributees within fifteen (15) days, and if under legal disability, to their legal representative.

Date

Attorney for the Estate
A full name

The following is a statement of the Fiduciary fee and the Attorney Fee paid as is required by C.P. Sup. R. 32. (C) (4) and the computation thereof as is further required by County Local Rule 32.2.
