

**PROBATE COURT OF DELAWARE COUNTY, OHIO  
DAVID A. HEJMANOWSKI, JUDGE**

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

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

**CONSENT TO ATTORNEY FEES**

(Loc. R. 71.4)

The undersigned beneficiary of the estate consents to the payment of attorney fees to \_\_\_\_\_ in the amount of \$\_\_\_\_\_ plus reimbursement for costs advanced in the amount of \$\_\_\_\_\_. The percentage interest of the beneficiary in the residual estate affected by the payment of these expenses is indicated below.

The undersigned acknowledges compensation is allowable to the executor or administrator of the estate pursuant to Ohio statutes in the amount of \$\_\_\_\_\_

If the consent of more than 50% of the beneficial interests affected by the payment of the fee is filed with the court, the attorney fee may be paid without a hearing, unless written objections are filed and at all times subject to Court review pursuant to applicable law.

**DO NOT SIGN THIS FORM UNLESS IT IS FULLY COMPLETED.**

Beneficiary

Beneficial Interest

\_\_\_\_\_

\_\_\_\_\_ %

\_\_\_\_\_

\_\_\_\_\_ %

\_\_\_\_\_

\_\_\_\_\_ %

\_\_\_\_\_

\_\_\_\_\_ %