APPENDIX F
PROBATE COURT OF SUMMIT COUNTY, OHIO

ESTATE OF _____, DECEASED

CASE NO. _____

NOTICE OF ATTORNEY FEES

TO THE FOLLOWING PERSONS:

_____ Name	_____ Address
_____ Name	_____ Address
_____ Name	_____ Address

YOU ARE HEREBY NOTIFIED THAT _____, ATTORNEY FOR THE ABOVE-CAPTIONED ESTATE, HAS CHARGED THE ESTATE THE SUM OF $_____. This amount does not include prior fees taken of $_____,which include fees from prior accounts, land sales, or other matters.

AN OBJECTION TO ATTORNEY FEES MUST BE FILED WITHIN THIRTY (30) DAYS OF RECEIPT OF THIS NOTICE AT:
Summit County Probate Court
209 S. High Street
Akron, Ohio 44308-1616

CONSENT TO ATTORNEY FEES

The undersigned hereby consents to the sum of $_____, charged as attorney fees by _____, Attorney for the above-captioned estate.

_____ Name	_____ Address
_____ Name	_____ Address
_____ Name	_____ Address

Approved:

_____
Attorney

Form ES.10