

**PROBATE COURT OF FRANKLIN COUNTY, OHIO  
ERIC BROWN, JUDGE**

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

**CONSENT TO ATTORNEY FEE**

The undersigned, who represent \_\_\_\_\_ % of the beneficial interest in the above captioned estate (those who share the burden of paying the fees) hereby consents to an attorney fee in the amount of \$ \_\_\_\_\_ and reimbursement for costs in the amount of \$ \_\_\_\_\_. The undersigned further understands that, in addition to the attorney fee, a statutory fiduciary fee will be paid to \_\_\_\_\_ in the sum of \$ \_\_\_\_\_ .

If the consent of greater than 50% of the beneficial interests affected by the payment of the fee is filed, the attorney fee will be paid unless you cause your written objection to be filed.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Beneficiary