\_\_\_\_\_, DECEASED

## PROBATE COURT OF FRANKLIN COUNTY, OHIO JEFFREY D. MACKEY, JUDGE

ESTATE OF \_\_\_\_\_

CASE NO.	
WAIVER OF RIGHT TO REIMBURSEMENT [R.C. 2117.25]	
	xpenses I personally paid toward the funeral or burial of the R.C. 2117.25(B), voluntarily waive my right to reimbursement
☐ I completely waive my right to reimbursement.	
☐ I partially waive my right for reimbursement for fur	neral or burial expenses. The total amount of reimbursement
that I wish to receive is \$	
A copy of the funeral bill or contract and proof of paprovided to the Court.	ayment is attached to this waiver, or has been previously
	Signature of Person Entitled to Reimbursement
	Typed or Printed Name
Signed and acknowledged by the applicant in my prese	ence this day of ,
20	
	Notary Signature
	Notary Printed Name