

**PROBATE COURT OF PIKE COUNTY, OHIO  
PAUL PRICE, JUDGE**

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

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

**CONSENT TO PAYMENT OF ATTORNEY FEES**

(This form is to be used in a decedent's estate when the requested attorney fees affect a residuary beneficiary or other interested parties)

The undersigned, being a person a residuary beneficiary or other interested person in the above captioned estate, hereby consents to the payment of attorney fees in the amount of \$\_\_\_\_\_ and costs in the amount of \$\_\_\_\_\_.

In signing this consent, the undersigned hereby acknowledges:

- (1) The receipt of the attorney's fee statement with a description of services rendered to the estate.
- (2) The fee has not been represented as a guideline.
- (3) The Court need not make an independent determination that said services were reasonable, necessary and beneficial to the estate.

\_\_\_\_\_