

**PROBATE COURT OF DEFIANCE COUNTY, OHIO  
JEFFREY A. STRAUSBAUGH, JUDGE**

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

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

**CONSENT TO PAYMENT OF ATTORNEY FEES**

**(This form to be used in a decedent's estate when the requested attorney fees  
are within the Court's guideline fee)**

The undersigned, being 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 charged is within the Court's guideline and that said guideline fee has not been represented as a schedule of a minimum or a maximum fee to be charged.
- (3) The Court need not make an independent determination that said services were reasonable, necessary and beneficial to the estate.

\_\_\_\_\_