

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

ESTATE OF _____, DECEASED

CASE NO. _____

**WAIVER OF NOTICE OF HEARING ON APPLICATION FOR
ATTORNEY FEES AND CONSENT TO PAYMENT OF
ATTORNEY FEES**

**(This form to be used in a decedent's estate when the requested attorney fees
are outside 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 fees statement with a description of services rendered to the estate.
- (2) The fee charged is outside 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.
