

**PROBATE COURT OF LORAIN COUNTY, OHIO  
JAMES T. WALTHER, JUDGE**

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

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

**CONSENT TO ATTORNEY FEES**  
(Loc.R. 71.4)

The undersigned beneficiary of the estate consents to the payment of attorney fees to \_\_\_\_\_ in the amount of \$\_\_\_\_\_ plus reimbursement for costs advanced in the amount of \$\_\_\_\_\_. The percentage interest of the beneficiary in the residual estate affected by the payment of these expenses is indicated below.

The undersigned acknowledges compensation for attorney fees in this estate pursuant to Loc.F. 71.2(A) or 71.2(B) is in the amount of \$\_\_\_\_\_.

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

<u>Beneficiary</u>	<u>Beneficial Interest</u>
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

**Loc. F. 71.4A**