

IN THE COURT OF COMMON PLEAS OF UNION COUNTY, OHIO
PROBATE DIVISION
JUDGE RICK RODGER

ESTATE OF _____, DECEASED

Case No. _____

FIDUCIARY STATUTORY COMMISSION SCHEDULE

R.C. 2113.35

Accounting Period: _____ to _____
[Start Date] [End Date]

Probate Estate Assets

(1) Personal Property \$ _____

Enter total appraised value (if not sold) and gross proceeds (if sold) of all tangible and intangible personal property, and all estate income for which the Fiduciary accounts.

(2) Real Estate Sold \$ _____

Enter total gross proceeds from real estate sold under authority of will or consent.

(3) Real Estate Sold by Judicial Proceedings \$ _____

Enter total gross proceeds from real estate sold pursuant to judicial proceedings (i.e., Land Sale, foreclosure).

(4) Real Estate Transferred, Not Sold \$ _____

Enter Auditor's or appraised value of all real estate transferred by affidavit or certificate of transfer.

Non-Probate Assets

(5) Property Not Subject to Administration \$ _____

Enter total value of property not subject to administration.

Calculation of Commission

R.C. 2113.35(A)

	AMOUNT IN RANGE		RATE	FEE IN RANGE
Personal Property, Income and Real Estate (Sold)				
First \$100,000 of proceeds/value	\$ _____	at	4.0%	\$ _____
Next \$300,000 of proceeds/value	\$ _____	at	3.0%	\$ _____
Balance of proceeds/value over \$400,000	\$ _____	at	2.0%	\$ _____
Real Estate (Transferred, Not Sold)				
Upon Value of All Transferred Real Estate	\$ _____	at	1.0%	\$ _____
Property Not Subject to Administration				
Upon Value of Non-Probate Property	\$ _____	at	1.0%	\$ _____

Commission (Subtotal) : \$ _____

Case No. _____

Adjustments/Reductions

Enter "-" (minus) before any amount entered in this section

Subtract Partial Fee *(if previously paid)* \$ _____

Subtract Other Voluntary Adjustment or Reduction \$ _____

Total Adjustments *(if any)*: \$ _____

Additional Compensation, Reimbursement

R.C. 2113.36

Compensation for Extraordinary Services \$ _____

Must be approved by separate application and order.

Reimbursement for Expenses \$ _____

Total Additional Compensation, Reimbursement *(if any)*: \$ _____

TOTAL FIDUCIARY COMMISSION: \$ _____

Signed: _____
Attorney Date

Signed: _____
Fiduciary Date