

**PROBATE COURT OF WARREN COUNTY, OHIO**

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

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

**NOTICE OF WRONGFUL DEATH CLAIM**

[R.C. 2125.02(B)]

**[For dates of death on or after April 4, 2023]**

Now comes \_\_\_\_\_, the \_\_\_\_\_ of the  
Name of Claimant Relationship  
decendent described below:

Decedent's Full Name: \_\_\_\_\_

First Middle Last

AKA: \_\_\_\_\_

First Middle Last

Decedent's Date of Death: \_\_\_\_\_

Proof of death (e.g., a copy of the decedent's death certificate) is attached.

Decedent's Social Security Number (if known): \_\_\_\_\_

Decedent's County of Residence at Time of Death:  Warren County  Other: \_\_\_\_\_

**Note: A decedent's probate estate is typically opened in the county where the decedent resided. Please ensure you are filing this notice in the proper county. A notice of claim filed in the wrong county may not be effective.**

**[Check whichever applies:]** At the time of filing, I am  at least 18 years old  less than 18 years old,  
and my date of birth is \_\_\_\_\_.

I hereby notify all interested parties that I have suffered damages as a result of the decedent's wrongful death. In signing this form, I acknowledge that because I am not a surviving spouse, parent, or child of the decedent, I must prove my damages. I understand that my claim may only be pursued if an estate is opened and a fiduciary is appointed.

I can be reached using the contact information provided below. I understand that it is my responsibility to keep my contact information up-to-date.

\_\_\_\_\_  
Attorney for Claimant

\_\_\_\_\_  
Claimant's Signature

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number (include area code)

\_\_\_\_\_  
Telephone Number (include area code)

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Attorney Registration No.