



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

**CONSENT TO ATTORNEY FEES BY FIDUCIARY**

I have read and understand the Application for Attorney Fees, and I submit they are necessary and reasonable for the administration of the estate, and reflect a true and accurate accounting of the services the attorney has performed.

\_\_\_\_\_  
Fiduciary

**NOTICE**

TO THE FOLLOWING PERSONS:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

YOU ARE HEREBY NOTIFIED THAT AN APPLICATION FOR ATTORNEY FEES was filed in this Court by \_\_\_\_\_, on \_\_\_\_\_, 20\_\_\_\_\_.

The application will be for hearing before this Court, at the Summit County Court House, 209 S. High Street, Akron, Ohio, on \_\_\_\_\_, 20\_\_ , at \_\_\_\_\_ M.

\_\_\_\_\_  
Attorney