

IN THE PROBATE COURT OF ERIE COUNTY, OHIO
BEVERLY K. MCGOOKEY

ESTATE OF _____, DECEASED
CASER NO _____

WAIVER OF RIGHT TO REIMBURSEMENT
[R.C.§2117.25]

The undersigned, being entitled to reimbursement for expenses I personally paid toward the funeral or burial of the above-named Decedent, including expenses listed under R.C.§2117.25(B), voluntarily waive my right to reimbursement of those expenses to the extent provided below:

- ☐ I completely waive my right to reimbursement for any and all funeral or burial expenses to which I may be entitled.
- ☐ I partially waive my right to reimbursement for funeral or burial expenses. The total amount of reimbursement to which I am entitled to is \$_____. The amount to which I waive my right to reimbursement is \$_____. The balance for which I am not waiving my right to reimbursement is \$_____.
- ☐ I partially waive my right to reimbursement for funeral or burial expenses. The total amount of reimbursement to which I am entitled is \$_____. In exchange for the in-kind transfer to me of Decedent's _____, which is valued at \$_____, I waive my right to reimbursement for all amounts in excess of the value of that asset.
- ☐ I partially waive my right to reimbursement for funeral or burial expenses. I agree to accept reimbursement in the amount equal to the assets remaining after payment of priority claims for attorney fees, fiduciary fees, and costs of administration under R.C.§2117.25(B).

A copy of the funeral bill or contract and proof of payment is attached to this waiver.

Signature

Typed or Printed Name