

Agreement for Legal Services

_____, 201__

Please accept my sincere condolences on the loss of your _____, _____. Pursuant to our conference today, Jenny M. Evans, dba J.M. Evans Law LLC, has agreed to represent you, the executor/administrator, regarding the administration of the Estate of _____, Deceased. Office hours are 8a.m. until 4p.m. on M, T, W, F (with a lunch break from noon until 1p.m.) and 8a.m. until 12p.m. on Thursdays. All communications between attorney and client are privileged, unless you share such information with nonessential third parties.

The legal services in representing the executor/administrator in the administration of this estate to be provided include, but are not limited to, counseling the client on estate matters, preparing and filing the applicable probate paperwork, including certificates for transfer, if applicable, assisting the executor/administrator in identifying and administering estate assets, assisting the executor in identifying creditors and paying estate debts, providing the legal notice to proper parties as required under probate law, retaining an appraiser, if applicable, preparing the inventory, preparing the final account, appearing in court as necessary and general communication as necessary to facilitate the administration of the estate.

The estimated fee for my office for said services is based on the commission as allowed to executors and administrators by Ohio Revised Code Section 2113.35, and is a locally recognized customary fee for said services provided by an attorney. The fee schedule is as follows:

For personal property of the estate, including income from personal property that is received and accounted for, and upon the proceeds of real property that is sold, as follows:

- (1) For the first one hundred thousand dollars, at the rate of four (4) percent;
- (2) All above one hundred thousand dollars and not exceeding four hundred thousand dollars, at the rate of three (3) percent;
- (3) All above four hundred thousand dollars, at the rate of two (2) percent;

For real property that is not sold, at the rate of one (1) percent. *

*The basis of valuation for the fees on real property sold shall be the gross proceeds of sale, and for all other property, the fair market value of the other property as of the date of death of the decedent.

In addition to the above scheduled fees, this office will also keep track of time spent on this matter at the hourly rate of **\$200.00** per hour for each five minute period worked. In the event the actual time logged in this matter at the above stated hourly rate exceeds the above scheduled fees, my office reserves the right to charge the higher amount by applying to the probate court for attorney fees for extraordinary services. Records for additional expenses that may be incurred, such as court costs, filing fees, copying costs, postage and related expenses, must be separately paid and accounted for.

Should my legal representation be terminated while the estate is pending and I have not been paid for my legal services, my office reserves the right to file a claim against the estate to secure payment of my legal services.

On behalf of my firm, I am glad to have the opportunity to represent you in this matter and look forward to working with you. Signing below indicates agreement to the terms of service contained herein. If you have any additional questions, please contact me at your convenience.

Client (please print name legibly): _____

Signature: _____

THANK YOU FOR YOUR BUSINESS.

Client Authorization Release & Request
J.M. Evans Law L.L.C.

I, _____, Executor/Administrator of the Estate of _____,
D.O.D.: _____, hereby authorize the office of J.M. Evans Law LLC to speak to the following people
regarding the aforementioned estate:

1. _____ Phone/Address _____

2. _____ Phone/Address _____

3. _____ Phone/Address _____

4. _____ Phone/Address _____

I authorize the following companies/agencies to receive information regarding the above-referenced
estate:

1. _____ Phone/Address _____

Specific information or type of information that I authorize J.M. Evans Law L.L.C. to release: _____

2. _____ Phone/Address _____

Specific information or type of information that I authorize J.M. Evans Law L.L.C. to release: _____

3. _____ Phone/Address _____

Specific information or type of information that I authorize J.M. Evans Law L.L.C. to release: _____

I understand that I may revoke any and all authorizations at any time by submitting such request in
writing to J.M. Evans Law LLC. This authorization is good for the duration of my representation in this
matter unless I otherwise specify that such expires _____.

X _____ Date: _____

_____ Date: _____

Witness

_____ Date: _____

Witness