V I R G I N I A:

IN THE CIRCUIT COURT OF

\*

Administrator of the Estate of \*

, Decedent \*

\*

Petitioner \*

\*

v. \* Case No.

\*

\*

Respondent \*

***FINAL ORDER APPROVING SETTLEMENT***

THIS MATTER having come before the Court for entry of a final order approving the wrongful death settlement of this matter pursuant to Section 8.01-55 Code of Virginia and it appearing to the Court that all parties are represented by counsel and that all interested parties have been convened either in person or by their authorized representative;

AND it further appearing to the Court that the administrator of the estate of the decedent has carefully considered this compromise settlement and has consented to the entry of this final order approving the settlement as evidenced by the signa­ture below;

AND it further appearing to the Court that all of the statutory beneficiaries as referenced in the petition who are entitled to share under Sections 8.01-53, 54 of the Code of Virginia have approved this settlement as indicated by their signatures below; it is hereby

ORDERED that:

1. This settlement is hereby approved by the Court without any finding of liability as to the respondent which liability is expressly denied.

2. The estate of the decedent shall be paid the settle­ment amount of $ and the administrator of the estate of the decedent shall make distribution as provided for in Section 8.01-54 of the Code of Virginia as set forth below:

3. Upon payment of the amount in settlement to this claim, this action is hereby entered as dismissed with prejudice and this matter is ended.

THIS ORDER IS FINAL.

Entered this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

JUDGE

WE ASK FOR THIS:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrator

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counsel for the Administrator

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counsel for the Respondent

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Statutory Beneficiary

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Statutory Beneficiary