

Estate No. _____

Date _____

Date of Death _____

In the Estate of:

CLAIM AGAINST DECEDENT'S ESTATE

The claimant certifies that there is due and owing by the decedent in accordance with the attached statement of account or other basis for the claim the sum of \$ _____ .

I solemnly affirm under the penalties of perjury that the contents of this document are true to the best of my knowledge, information and belief.

Name of Claimant

Signature of claimant or person authorized to make verifications on behalf of claimant

Name and Title of Person Signing Claim

Address

Telephone Number

CERTIFICATE OF SERVICE

I hereby certify that on this _____ day of _____ (month), _____ (year), I delivered or mailed, first class, postage prepaid a copy of this Claim to the personal representative, _____

(name and address)

Signature of Claimant

Instructions:

1. This form may be filed with the Register of Wills upon payment of the filing fee of **\$3.00**, as provided by law. A copy must also be sent to the personal representative by the claimant.
2. If a claim is not yet due, indicate the date when it will become due. If a claim is contingent, indicate the nature of the contingency. If a claim is secured, describe the security.