

IN THE ORPHANS' COURT FOR
(OR) _____, **MARYLAND**
BEFORE THE REGISTER OF WILLS FOR

IN THE ESTATE OF: _____ **ESTATE NO.** _____

NOTICE OF DISALLOWANCE

Your claim has been allowed in the amount of \$ _____
and disallowed in the amount of \$ _____. Your claim in
the amount disallowed will be forever barred unless within 60 days after the mailing of this notice
you file a petition for allowance of the disallowed amount in the Orphans' Court or a suit against
the personal representative. If your claim has not been filed timely pursuant to Code, Estate
and Trusts Article, §8-103, your claim will not be paid and it is forever barred.

Personal Representative

Personal Representative

Personal Representative

CERTIFICATE OF SERVICE

I certify that the disallowance of claim was mailed, postage prepaid, this _____ day of
_____, _____, to _____, claimant, at

Personal Representative/Attorney

Name (printed)

Address

Address

Telephone Number