

IN RE: ESTATE OF _____

PROBATE DIVISION

File Number _____

Division _____

Deceased.

STATEMENT OF CLAIM

The undersigned hereby presents for filing against the above estate this statement of claim and alleges:

1. The basis for the claim is _____

2. The social security or tax identification number of the claimant is _____ the name and address of the claimant are _____

and the name and address of the claimant's attorney, if any, are as set forth below.

3. The amount of the claim is \$ _____ which amount is now due, or, if not due, will become due on _____, 19__.

4. The claim (is) (is not) contingent or unliquidated. If contingent or unliquidated, the nature of the uncertainty is _____

5. The claim (is) (is not) secured. If secured, the security consists of _____

Under penalties of perjury, I declare that I have read the foregoing, and the facts alleged are true, to the best of my knowledge and belief.

Executed this _____ day of _____, 19__.

Attorney for Claimant

Florida Bar No. _____

(address)

Telephone: _____

Claimant

Copy mailed to attorney for the Personal Representative on _____, 19__.

CLERK OF THE CIRCUIT COURT

By: _____

MUST BE FILED IN DUPLICATE