

IN THE CIRCUIT COURT FOR _____ COUNTY,
FLORIDA PROBATE DIVISION

IN RE: ESTATE OF

File No. _____

Division _____

Deceased.

STATEMENT OF CLAIM BY _____

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 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 _____.

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.

Signed on _____

Attorney for Claimant

Claimant

Florida Bar No. _____

Copy mailed to attorney for the Personal
Representative on _____

CLERK OF THE CIRCUIT COURT

(address) _____

Telephone: _____

By: _____

MUST BE FILED IN DUPLICATE
[Print or Type Names Under All Signature Lines]

