

IN THE CIRCUIT COURT FOR ORANGE COUNTY, FLORIDA

PROBATE MENTAL HEALTH DIVISION

IN RE: ESTATE OF

CASE NUMBER: \_\_\_\_\_

\_\_\_\_\_/

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 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 un-liquidated. If contingent or un-liquidated, the nature of the uncertainty is \_\_\_\_\_

5. The claim (is) (is not) secured. If secured, the security consist 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: \_\_\_\_\_