

IN THE CIRCUIT COURT FOR \_\_\_\_\_ COUNTY, FLORIDA  
PROBATE DIVISION

IN RE: ESTATE OF

File No. \_\_\_\_\_

Deceased

STATEMENT OF CLAIM BY \_\_\_\_\_

The claimant, \_\_\_\_\_, hereby presents for filing against the above estate this statement of claim and alleges:

1. The basis for the claim is:
2. The amount of the claim is \$ \_\_\_\_\_, which amount is now due, or, if not due, will become due on \_\_\_\_\_.
3. The name and address of the claimant and the name and address of the claimant's attorney, if any, are as set forth below.
4. The claim is or is not *(delete one)* contingent or unliquidated. If contingent or unliquidated, the nature of the uncertainty is:
5. The claim is or is not *(delete one)* 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.

SIGNED ON \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Claimant  
\_\_\_\_\_  
*(printed name)*  
address \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Attorney for Claimant  
\_\_\_\_\_  
*(printed name)*  
Florida Bar No. \_\_\_\_\_  
address \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_

Copy mailed to attorney for the Personal Representative on \_\_\_\_\_, \_\_\_\_\_.

CLERK OF THE CIRCUIT COURT

By: \_\_\_\_\_  
\_\_\_\_\_  
*(printed name)*

MUST BE FILED IN DUPLICATE