

**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 against the estate and any revocable trust of the  
decedent-settlor 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  
\_\_\_\_\_, claimant, at  
\_\_\_\_\_

\_\_\_\_\_  
Personal Representative/Attorney

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number