

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

E-Mail Address: \_\_\_\_\_

Florida Bar No. \_\_\_\_\_

\_\_\_\_\_  
(address)

Telephone: \_\_\_\_\_

Copy mailed to attorney for the Personal Representative on

\_\_\_\_\_  
CLERK OF THE CIRCUIT COURT

By: \_\_\_\_\_

[Print or Type Names Under All Signature Lines]

**MUST BE FILED IN DUPLICATE**