

**STATEMENT OF CLAIM**

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

\_\_\_\_\_  
Claimant  
Copy mailed to attorney for the Personal  
Representative on \_\_\_\_\_,  
\_\_\_\_\_  
CLERK OF THE CIRCUIT COURT

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

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

**MUST BE FILED IN DUPLICATE**