

IN THE CIRCUIT COURT FOR PALM BEACH COUNTY, FLORIDA

IN RE: ESTATE OF \_\_\_\_\_  
\_\_\_\_\_, Deceased  
FILE NUMBER: \_\_\_\_\_  
PROBATE DIVISION

**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 social security or tax identification number of the claimant is \_\_\_\_\_ 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.

Executed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Attorney for Claimant  
Florida Bar No. \_\_\_\_\_

\_\_\_\_\_  
Claimant

Address: \_\_\_\_\_

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

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

BY: \_\_\_\_\_