Claim #_____

STATE OF INDIANA
COUNTY OF PERRY

IN THE PERRY COUNTY COURT

62C01-_____-_____-_____

_____
NAME OF CLAIMANT

ESTATE CLAIM

vs. THE ESTATE OF

_____
NAME OF DECEDENT

_____
NAME OF PERSONAL REPRESENTATIVE

The claimant in person or by the undersigned, attorney or agent, state that the above entitled estate is indebted to the claimant as follows: (Please include the date, description, and amount of service rendered or goods furnished. If the claim is based upon a written instrument, alleged to have been executed by the descendent, the original, or complete copy, shall be filed with the claim: state if lost or destroyed. If the claim is secured by a lien on any real or personal property, refer to where the lien, if of record, will be found; if the claim is contingent, state the nature of the contingency.)

Claimant state that the account against the estate is correct; that no payment has been made except those credits given; that there are no set-offs against the same; that the balance shown in the account is;

_____ Dollars

And that same is due and owing to

_____
Name

_____
Address

_____

I affirm under the penalties for perjury that the forgoing representations are true.

_____
Date of signature

_____
Signature of claimant

Please include an ORIGINAL and ONE copy of this Claim form and all invoices or exhibits.

_____
Attorney or agent for claimant

Certificate

I certify that a copy of the above claim has been served upon the Personal Representative in pursuant to law.

Dated: _____

_____
Clerk of the Perry County Court