

PROBATE DIVISION

**IN THE CIRCUIT COURT OF THE
FIFTH JUDICIAL CIRCUIT, IN AND
FOR CITRUS COUNTY, FLORIDA**

IN RE: ESTATE OF

File No. _____

Deceased

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 _____, 20 ____.

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

Claimant

Florida Bar No. _____

Copy mailed to attorney for the Personal
representative on _____, 20____.

BETTY STRIFLER
Clerk of the Circuit Court

(address)

Telephone: _____

By: _____
Deputy Clerk

MUST BE FILED IN DUPLICATE