

STATE OF INDIANA
COUNTY OF PERRY

Claim # _____

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 decedent, 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