

STATE OF INDIANA
LAWRENCE COUNTY, SS:

IN THE LAWRENCE CIRCUIT COURT

CAUSE NO.: _____

IN THE MATTER OF THE ESTATE OF
_____, DECEASED

ESTATE CLAIM

_____, Claimant, in person, or by the undersigned attorney or agent, states that the above entitled estate is indebted to Claimant as follows: (Please include the date, description, and amount of services rendered or goods furnished, and attach all invoices or exhibits)

_____.

Claimant states that the account against the above estate is correct; that no payments have been made except those credits given; that there are no set-offs against the same; that the balance shown in said account is:

_____ Dollars (\$_____)

_____(Name of Claimant)
_____(Street Address of Claimant)
_____(City/State/Zip Code of Claimant)

Claimant is responsible for complying with all requirements of I.C. 29-1-14 *et seq.* to properly file a claim.

I affirm under the penalties for perjury that the foregoing representations are true:

Signature of Claimant Date

CERTIFICATE OF SERVICE

I hereby certify that an exact copy of this claim has been served to the Personal Representative/Attorney pursuant to law.

Signature of Claimant Date