

**IN THE CIRCUIT COURT IN AND FOR SANTA ROSA COUNTY, FLORIDA**

**PROBATE DIVISION**

IN REF: ESTATE OF: \_\_\_\_\_

FILE NUMBER: \_\_\_\_\_

Deceased

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 as follows: \_\_\_\_\_  
\_\_\_\_\_
2. The social security or tax identification number of the claimant is \_\_\_\_\_  
The name and address of the claimant are \_\_\_\_\_  
\_\_\_\_\_  
The name and address for the claimant's attorney is \_\_\_\_\_  
\_\_\_\_\_
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\_\_\_\_.

Signature of Claimant: \_\_\_\_\_

Printed Name of Claimant: \_\_\_\_\_

Attorney for Claimant: \_\_\_\_\_

Florida Bar No. \_\_\_\_\_

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

Telephone No. \_\_\_\_\_

Copy mailed to Attorney for the Personal Representative on \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Deputy Clerk/Clerk of the Circuit Court

**MUST BE FILED IN DUPLICATE**