

IN THE CIRCUIT COURT OF THE SECOND JUDICIAL CIRCUIT,  
IN AND FOR JEFFERSON COUNTY, FLORIDA

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 name and address of the claimant are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.
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  
Uncertainly 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.

Signed on \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Attorney for Claimant  
Florida Bar No. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_

\_\_\_\_\_  
Claimant  
Copy mailed to attorney for the Personal  
Representative on \_\_\_\_\_, 20\_\_.  
By: \_\_\_\_\_  
Deputy Clerk