

IN THE CIRCUIT COURT FOR ORANGE COUNTY, FLORIDA

PROBATE MENTAL HEALTH DIVISION

IN RE: ESTATE OF

CASE NUMBER: _____

_____/

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 _____

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 _____.

4. The claim (is) (is not) contingent or un-liquidated. If contingent or un-liquidated, the nature of the uncertainty is _____

5. The claim (is) (is not) secured. If secured, the security consist 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 _____, _____.

Attorney for Claimant

Claimant

Florida Bar No. _____

Copy mailed to attorney for the Personal

Representative on _____

CLERK OF THE CIRCUIT COURT

Address
Telephone: _____

By: _____