

**IN THE CIRCUIT/COUNTY COURT OF THE THIRTEENTH JUDICIAL CIRCUIT,  
IN AND FOR HILLSBOROUGH COUNTY, FLORIDA**

IN RE: ESTATE OF:

Case Number: \_\_\_\_\_

\_\_\_\_\_  
Deceased

Division: \_\_\_\_\_

**STATEMENT OF CLAIM BY \_\_\_\_\_**

The undersigned hereby presents for filing against the above named 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 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.

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

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

\_\_\_\_\_  
Claimant

Florida Bar Number: \_\_\_\_\_

Copy mailed to attorney for the  
Personal Representative on

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

\_\_\_\_\_  
CLERK OF THE CIRCUIT COURT

Telephone: \_\_\_\_\_

By: \_\_\_\_\_

**MUST BE FILED IN DUPLICATE**