

IN THE CIRCUIT COURT FOR HILLSBOROUGH COUNTY, FLORIDA  
PROBATE DIVISION

IN RE: ESTATE OF

FILE NO. \_\_\_\_\_

DIVISION \_\_\_\_\_

Deceased.

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

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

Copy mailed to attorney for the  
Personal Representative on  
\_\_\_\_\_, \_\_\_\_\_

CLERK OF THE CIRCUIT COURT

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

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

**MUST BE FILED IN DUPLICATE**